

HUMAN LIFE IS THE STATE'S GREATEST ASSET

# HEALTH NOTES



OFFICIAL BULLETIN  
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## STATE BOARD OF HEALTH

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No. 1

Edited by  
STEWART G. THOMPSON, D. P. H.  
Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.  
If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

**B. L. ARMS, M. D., STATE HEALTH OFFICER**  
Jacksonville

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†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

**ADMINISTRATION****B. L. Arms, M. D., State Health Officer****A MESSAGE FROM THE STATE BOARD OF HEALTH \***

**W**HEN asked to attend this conference of the municipal leaders of the State, and to bring a message from the State Board of Health, I was very glad to accept.

Your presence here is the very best evidence of your interest in the welfare of your municipality and all of you realize that anything that affects one part of the State affects the whole State.

Had anyone dared last May to forecast the present number of people in Florida, he would not have been able to find those who would believe such an increase possible. They are here and still coming and we want the people to come, but do we as a State fully realize the responsibility it has added, for we must appreciate this or we will not meet it.

It is our responsibility to see that those who come are properly housed and fed, that schools and playgrounds are provided for the children, that churches are adequate, that transportation is available and last but not least that their health is protected.

Others will treat the housing and other situations and undoubtedly will touch the health side as well, but the message from the State Board of Health will be devoted solely to our responsibility along health lines.

Last October at the annual meeting of the American Public Health Association, we were asked by men from all over the country if we realized our responsibility. The query came from state and city health officers, from those high in the Federal Government, from representatives of insurance companies and from many other sources.

Those of us on the staff of the State Board of Health do realize our responsibility and we are doing all we can to see that the health of the people of the State is maintained. We need your earnest assistance and we ask your cordial cooperation.

We have been fortunate thus far and shall strive to prevent outbreaks of disease, but let us consider what some of our problems are.

For the past several years the number of cases of typhoid in the State has increased with the advent of the tourist season. This year in practically all the states there has been an unusual number of typhoid cases reported, and we are having many people come daily from all these states, and the fact that such a large number of them are coming by auto through other states also with more than the usual number of cases present in them increases the probability that some may contract the infection enroute.

A great percentage of those coming by auto live in auto camps and the inspection of these camps and the health of the residents therein constitutes a major problem, to illustrate the growth of this phase of our responsibility there were on December 1, one

\* Read at Meeting of Florida League of Municipalities, December 10, 1925, Orlando, Florida.

**ADMINISTRATION—(Continued)**

hundred seventy-eight certified camps, as compared to ninety-five for the full year ending May 1, 1925. Before a camp can be certified it must pass inspection and among other requisites must have running water and flush toilets. Fifteen of these camps have a population of over nine hundred each, although of course there are many that have less than two hundred. A problem you will agree.

Investigation of the incidence of disease that there may be no further spread whether it be in camp, city or country. Another problem.

It is our aim to get as many people as possible to accept protection against smallpox and typhoid by vaccination, and against diphtheria by the use of toxin antitoxin, and all members of our staff will urge as many as possible to become protected for here are three diseases that no one need have and they also are three of the most feared diseases.

Lest some may not agree that smallpox is to be classed as one of the most feared diseases, let us consider the recent experience of the City of Detroit\*, where in 1924 they had 1610 cases of smallpox with 163 deaths or just over 10%. Let us also consider the vaccination history of these cases:

Never vaccinated.....	85.36%
Vaccinated more than 5 years previously.....	14.64%
Vaccinated within 5 years.....	0.00%
	<hr/> 100.00%

Let us also consider the vaccination history of the fatal cases:

Never vaccinated.....	88.48%
Vaccinated more than 10 years previously.....	11.52%
Vaccinated within 10 years.....	0.00%
	<hr/> 100.00%

During the past few years there have been outbreaks in Kansas City, Denver, Chicago and Minneapolis in which the mortality ranged between 20% and 40% and at Windsor, Ontario\*, 47.7 per cent. No one knows when a virulent outbreak may occur here unless we have a well vaccinated population. This is also a big problem.

Another great responsibility is put on us by the great number of new subdivisions, for their water supply and sewage disposal systems must be properly laid out.

The large number of new arrivals has made a great increase in the need for additional endeavor along the line of Maternal and Infant Hygiene as well as all other duties of the Public Health Nurses. The infants of today are the future citizens of the State, and it is our responsibility to protect their lives and health that they may take up the tasks of life when we lay them down.

Malaria and mosquito control must be considered together, for as the late Dr. H. R. Carter maintained, we know what can be done by ditching, filling, etc., while the human element is hard to control.

\* City Health Vol. VIII. No. 3.



**ADMINISTRATION—(Continued)**

The milk supply for our people must be supervised and examined; cultures, bloods, stools, etc., by the thousands must be examined to detect the presence of infections; births, deaths and cases of sickness must be secured and tabulated for immediate use and filed for record; biologics such as diphtheria and tetanus antitoxin, vaccine virus, typhoid vaccine, anti-rabic treatments, etc., must be procured and sent as needed.

These are some of our responsibilities but a sufficient number has been cited to show that we appreciate the fact that we have them, and every member of the staff of the State Board of Health at present is giving loyal service in spite of the fact that practically every one could better himself or herself financially by accepting other lines or other positions in the same line of work. We have lost many from our staff during the past two years, for Florida pays her health workers less than any of the nearby states. I would not have spoken of this item but for the fact that I feel that credit is due for their loyalty and I wish to acknowledge our debt to them.

One fact should always be borne in mind and that is, that the State Board of Health is your Board and is ready at all times, so far as it is in our power, to come to your assistance, for we investigate any problem only on request from that locality. We desire to co-operate with all parts of the State and to have every resident feel that he can call and that the call will not be in vain.

Whenever we go to a community on a municipal problem our first step is to see those in authority and work through them, and our report is made to them.

We have a tremendous amount of work to do and we are going to do our best to make this a State that will be remembered as one that not only makes sick people well but keeps her well people in good health, happiness and prosperity. Let us all pull together.

**BUREAU OF DIAGNOSTIC LABORATORIES**

**James R. Bean, M.D., D.P.H., Director**

*Accuracy in diagnosis is the keynote of successful practice. The Bureau of Laboratories of the State Board of Health assists you in the diagnosis of communicable diseases.*

**WASSERMANN REACTION**

The technique at the present time used by the State Laboratory is that recommended by Kolmer (American Journal of Syphilis, January 1922). A single antigen is used, replacing the plain, cholesterolized, or acetone insoluble antigen used heretofore. This antigen is highly sensitive but the reagents are so carefully adjusted that danger of false reactions is reduced to a minimum.

The result of the Wassermann Reaction should never be accepted without due regard to the associated clinical findings. Its reputation depends on three factors:

**BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)**

- (1) The serological technique
- (2) The serologist
- (3) The clinician

The Wassermann Reaction is exceedingly valuable in the diagnosis and treatment of Syphilis if:

- (1) The test is performed by a careful worker using a properly controlled technique.
- (2) The clinical diagnosis is carefully and conscientiously made.

The expectation of the Wassermann Reaction in clinically positive cases may be summarized as follows:

- (1) Primary stage 75% positive
- (2) Secondary stage 95% positive
- (3) Tertiary stage 86% positive
- (4) Latent syphilis 50% positive
- (5) Cerebrospinal syphilis will frequently give a negative blood Wassermann but a positive spinal fluid test.

**FACTORS LEADING TO FALSE RESULTS**

1. In the first stage of syphilis the highest percentage of positive reactions is obtained about the 7th or 8th week after infection or from 4 to 6 weeks after the primary sore appears.
2. In treated cases all medication should be suspended for at least 2 weeks before the sample is sent in for examination.
3. False negative reactions may be obtained:
  - (a) After alcoholic intoxication
  - (b) During pregnancy
4. False positive reactions may be obtained:
  - (a) If the blood is collected during or immediately after chloroform or ether anaesthesia.
  - (b) During a fever.
  - (c) If the blood is taken just after a full meal.
  - (d) If the patient is suffering from jaundice.

A single negative reaction on a patient with a suspicious history or clinical symptoms means little and repeated tests should be made. The amount of "reacting bodies" or so-called "syphilitic anti-bodies" in the blood varies from time to time, for instance: a weak positive may become a very strong positive or a negative test may be followed by a weak positive.

Wassermann Reactions are done as follows:

Jacksonville Laboratory  
Tuesday, Wednesday and Friday  
Tampa Laboratory  
Thursday  
Miami Laboratory  
Tuesday and Friday

*A reliable laboratory report depends primarily upon care and thought in the collection and shipment of the specimen.*

**BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
THE MONTH OF NOVEMBER, 1925**

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites.....	1467	595	155	151	422	2790
Diphtheria ..	1353	431	54	270	22	2130
Typhoid ..	127	128	12	33	33	333
Malaria ..	184	143	13	34	39	413
Rabies ..	7	8	.....	3	.....	18
Tuberculosis ..	150	69	8	14	6	247
Gonorrhoea ..	248	159	20	61	5	493
Syphilis ..	1726	665	.....	165	.....	2556
Water: Bact. Exam.....	.....	25	.....	144	.....	169
Water: Chem. Exam.....	.....	.....	.....	.....	.....	.....
Milk: Bact. Exam.....	26	1	.....	165	9	201
Milk: Chem. Exam.....	26	1	9	369	8	413
Miscellaneous ..	29	7	18	40	5	99
	5343	2232	289	1449	549	9862

Specimen Containers Distributed During November, 1925.....11,847

**BIOLOGICAL PRODUCTS DISTRIBUTED DURING THE MONTH  
OF NOVEMBER, 1925**

Diphtheria Antitoxin.....	10,000 units	272 Packages
	5,000 units	129 Packages
Shicks.....		3100 Tests
Toxin Antitoxin.....		1810 C.C.
Tetanus Antitoxin.....	20,000 units	29 Packages
	10,000 units	19 Packages
	1,500 units	811 Packages
Typho Bacterin.....	PLAIN	389 Packages
	TRIPLE	261 Packages
Vaccine Virus.....		960 Points
Antimeningococcus Serum.....		4 Cylinders
Antirabic Virus.....		25 Treatments

Carbon Tetrachloride..... 3267 Capsules

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**

**BUREAU OF COMMUNICABLE DISEASE****F. A. Brink, M. D., Director****COMMUNITY HEALTH PROTECTION**

Your future value to the community in which you live depends upon your physical strength in the development of your education and intellect. Good health must be the first consideration. To assure and acquire good health it is necessary to adopt the best sanitary and hygienic practice possible in your home and community and comply at all times with the advice of your family physician and all information given you by Health Authorities. We must keep a clean body, protect health and cultivate a clean mind. Our schools are clearing houses for contagious diseases and we find that certain diseases are more common during the school age than at any other time of life.

Measles, one of the most important diseases of children, is very highly contagious, beginning with fever, reddening, swelling and watering of the eyes, symptoms resembling a common cold. About the fourth day this is followed by a rash which appears first along the border of the hair, spreading rapidly over the face and neck. Pneumonia or bronchitis may develop as complications to measles. The disease is spread by discharges from the mouth and nose, sprayed into the air by sneezing or coughing. As soon as a child shows any of the above symptoms he should be excluded from school and a physician consulted. If the physician finds that the child has measles, he will give instructions for the care of the patient and the protection of other children.

Scarlet fever is another very contagious disease, beginning abruptly with headache, chills, sore throat and a high fever. The bright scarlet rash usually appears about the second day on the neck and chest, spreading rapidly over the body. Scarlet fever is often followed by disease of the middle ear, and kidneys and sometimes by inflammation of the glands of the neck. Scarlet fever in 1920 in the United States registration area, was responsible for over four thousand deaths.

The parents, the family physician and the Health Authorities should all direct their thought, time and energy to the isolation, hygienic and sanitary care of all contagious diseases following the diagnosis, and the rules and regulations governing such cases must be faithfully carried out in order to assure the least possible spread of the disease.

It is seldom if ever necessary to close a school on account of contagious diseases but all children with suspicious symptoms should be excluded. If a child is sent home from school with a contagious disease, the following precautions should be taken before he returns. The sick room should be thoroughly aired and sunned, soap, water with cresol or lysol should be used freely, bedding and clothing should be disinfected by boiling or soaking in a solution of lysol, cresol or bichloride. The child should be



**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

given a thorough bath and secure a doctors certificate.

Should diphtheria, scarlet fever, measles, smallpox, whooping cough or bad colds break out in school these three simple rules should be followed:

1. Put a handkerchief over your mouth and nose when you cough or sneeze.

2. Do not use a common drinking cup or put into the mouth anything that does not belong there.

3. When any of the above diseases are suspected, the child affected should consult a physician.

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**NOTES FROM THE DISTRICTS**

Dr. W. A. Claxton, Medical Officer in the Miami district, made rapid strides during November, his first month on the East Coast, having investigated eighteen cases of communicable diseases and instituted necessary preventive measures, sixty children were Schick tested and four hundred school children inspected for eye infections.

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Dr. L. M. Coulter of the Tampa district has a large territory from which about eight counties will be taken to form the Ft. Myers district. During November, among other things, Dr. Coulter examined one hundred and twelve persons for various conditions injurious to health, made thirty-four communicable disease investigations and took two hundred fifty-six nose and throat specimens for detection of diphtheria carriers.

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Dr. W. S. Nichols did splendid diphtheria control work in Jefferson County in November, where he Schick tested three hundred forty-six pupils and gave five hundred ten immunizing treatments for diphtheria. One hundred twenty-four injections of typhoid bacterin were given at Lloyd and arrangements made for immunization clinics in Baker County.

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Dr. Don. S. Fraser of District Number Five Schick tested three hundred children in November, examined eighty-three persons for communicable disease, took fifteen miscellaneous specimens for diagnostic purposes and made preliminary arrangements for carrying out a constructive health program during the succeeding months.

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Dr. Chas. E. Duffin, formerly City Health Officer of Richmond, Indiana, has been appointed Medical Officer in a new district of eight counties with Orlando as headquarters.

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Dr. W. A. Harrison, formerly Health Officer of De Kalb County, Georgia, reported December 28th for duty as Medical Officer in a district of eight counties around Ft. Myers.

**CHILD WELFARE AND PUBLIC HEALTH NURSING****Mrs. Laurie Jean Reid, R. N., Director****"ALL IN THE DAY'S WORK."**

A few excerpts from the monthly reports of the nurses of the Bureau of Child Welfare and Public Health Nursing may prove not only interesting but enlightening as well to those who know of the work of the Public Health Nurse only in a general way; who see her nicely dressed and smiling at a Club meeting where she is on the program, or driving along a smooth road on a sunshiny day in a freshly washed car, and rather envy her for her apparently easy position.

During the month just passed in an effort to ascertain conditions and to discover the best means by which health work might be carried on among the mothers and children of the floating population of the state, a survey of eighteen tourist camps of various types in seven different counties was conducted by one of the Field Supervisors. One hundred and eighty-two families were interviewed. In reaching the mothers in these camps individual conferences proved much more successful than group meetings. These women are anxious to receive help and in their loneliness are easily talked to. They welcome instruction about the care and feeding of their children and gratefully appreciate information concerning schools, churches, visiting nurses, health boards, etc., when given by way of conversation, but in group meetings they are inclined to be shy, reticent, suspicious, and the purpose of the meeting is defeated by their own numbers. The time spent in arranging meetings of groups can better be spent on individual cases and at least twice as many mothers can be seen and more real information given in the same length of time. A great service can be performed by personal contact with the families in these camp colonies. For a long time to come this colony life is bound to exist. Congestion in many places is so acute that no other mode of living is possible, and obviously there must be constant supervision and inspection if we would keep well children well; help mothers to learn the proper diet for the climate; how to meet successfully the diseases prevalent and probable in this section of the country; and maintain the health of the whole family while tourists are being turned into desirable residents."

From another nurse comes the following report, "Have been working in turpentine and logging camps which because of the fact that they are but temporary, have no sanitary arrangements or protected water supply. In one instance the stable was in center of the camp. Several cases of typhoid were found. Fortunately through the co-operation of the local physician, this place was cleaned up, the cases cared for, all contacts inoculated and an active hookworm campaign begun. A great deal of educational work is necessary because so few people in this section recognize hookworm as a community problem, due to lack of sanitation." Bad roads

**CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)**

and frequent rains add to the difficulty of the work. In one instance, however, this nurse who is bound to succeed since she refuses to recognize obstacles, walked on the school children's path, across a prairie and boggy land, to the canal in order to reach a point where a mothers' meeting had been scheduled. She arrived finally, only to find that the boat had gone, but nothing daunted she stood on one side of the canal and shouted instructions across the canal to the people on the other bank. Specimen bottles with a note, were left to be carried across when there should be a means of conveyance. Surely there is hope for one cleaned up district where we have a nurse who through sheer personality can put over a long distance meeting.

"My work among the midwives this month has been very interesting. Most of those with whom I worked were negro women who have learned their work by the bearing of many children of their own, helping the neighbor woman 'in a tight', listening to stories of their mothers and grandmothers and by being on hand on occasion to help the doctor. Most of them at first are inclined to be disdainful and very sure that they know more than any young woman who has never borne children, immediately proceeding to teach me very startling ideas concerning pregnancy and labor. After listening quietly until the midwife is through the correct information is given patiently, in A B C English, and very detailed instructions which must be repeated many times to be understood. This is uphill work, but it surely brings results as was evidenced by return visits which the midwife was not expecting."

Three requests have come for information relative to new Public Health nursing services. In one county where two nurses covered one town and some surrounding smaller communities, the work in the town had grown so that the two nurses employed could no longer go beyond the town limits. Immediately the interested women in two of these smaller communities, began a campaign for a Public Health Nurse for their own work feeling that their children must have the supervision of the Public Health Nurse who in the beginning had been given very grudging welcome. This is but a sample of the sentiment and efforts shown in so many parts of the state.

Surely when all the various pieces of work being done by the 86 Public Health Nurses now employed in the state by the State Board of Health, counties, communities and local organizations, in various capacities, covering maternal and infant hygiene, school and communicable disease, visiting nursing and industrial work and the camps, we are not too optimistic in seeing lowered death rates and happier families because they are healthier families. Let me conclude with a little hastily scribbled memoranda attached to a monthly report, "Hurray, the lunch room went over. Opens after Christmas. Dental clinic next. Guess I will have worked myself out of a job by then but hurray anyway."

A pamphlet entitled, "Inflammation of the Eye Lids," and dealing with various causes of eye trouble such as pink-eye, eye-strain, trachoma and so-called granulated lids, has just been printed and is ready for general distribution.

Another bulletin just off the press tells what to do when diphtheria, scarlet fever, measles, whooping cough or bad colds occur in schools. These bulletins are intended chiefly for teachers and school nurses.

A few cases of smallpox in a community need cause no special concern save to those who have neglected vaccination. It is vaccination, not quarantine, that keeps smallpox from becoming epidemic.

### SCHOOL LIFE SHOULD BRING CHILD HEALTH

The day is rapidly approaching when a school will measure its year's work not only by the number of pupils who have passed, who are advanced for their years, or who are in the usual grade for their age, but also by the growth and health of its pupils during the year.

Educators have for many years recognized the fact that health is the basis for success in achieving the purposes of the school. When the time comes that a year of school life benefits or improves the health of the pupils, the gap between theory and practice will be bridged.—*Hygeia*.

### BUREAU OF ACCOUNTING

Screven Dozier, Auditor

#### RECEIPTS

Balance after paying September, 1925 accounts.....	\$66,445.85
October, 1925 Receipts .....	5,134.01
Total.....	\$71,579.86

#### DISBURSEMENTS

October, 1925 Disbursements.....	\$16,908.36
Balance.....	\$54,671.50

#### DISBURSEMENTS FOR OCTOBER, 1925 ITEMIZED

Administration .....	\$2,310.55
Engineering .....	2,489.35
Laboratories .....	4,818.40
Vital Statistics .....	2,927.83
Communicable Diseases .....	2,068.62
Multigraph .....	125.00
Child Welfare .....	1,735.81
Orthopedic .....	432.80

\$16,908.36



**BUREAU OF SANITARY ENGINEERING****Ellsworth L. Filby, C. E., Chief Engineer****CONFERENCE OF DISTRICT SANITARY OFFICERS**

Sanitation work in Florida tourist camps, which this season are more numerous and populous than ever before, is making rapid progress and the scope of sanitary activities is being expanded to meet the increasing demands caused by the heavy influx of tourists in the state. This was brought out at the recent conference of District Sanitary Officers of the Board at headquarters in Jacksonville. This conference was attended by the Sanitary Officers of the State Board of Health from all districts of the state.

Dr. B. L. Arms, State Health Officer, Dr. Stewart G. Thompson, Director of Bureau of Vital Statistics, Dr. J. R. Bean, Director of the Diagnostic Laboratories, besides the Chief Engineer of the Bureau of Engineering were among the officials of the Board who addressed the conference on various phases of sanitary work.

The conference recommended that no dogs, except those inoculated against rabies, be allowed in tourist camps. This recommendation will be placed before the State Board of Health for approval. Sanitary problems of construction camps, lumber camps, new town sites and railroad camps were considered at the conference. Sanitary Officers are maintaining a strict patrol on roads to eliminate squatter camps.

There are 180 certified tourist camps in Florida, counting tourists who are in small camps not numbered in the certified list, there is estimated to be approximately 125,000 persons in tourist camps in the State. The number of tourists in the certified camps ranging from 40 to 2000 a camp. Last year there were 95 certified camps in the State.

The Municipal tourist camp at West Palm Beach costing \$200,000 and now practically complete, is believed to be one of the best equipped camps in the United States. This camp will contain accommodations for 4,000 people it was said.

Three newly appointed District Sanitary Officers attended the conference, they are Tom Randall of Jacksonville who will have headquarters at West Palm Beach, Oscar Sewald of Jacksonville who will work out of Pensacola and G. A. Renny who will work out of Punta Gorda. Two Assistant Sanitary Engineers will enter the Service of the Department January first, they are: V. B. Lamoureux, formerly of the State Board of Health Illinois, who will have headquarters at the State Board of Health, Tampa, and Philip C. McGouldrick, formerly assistant to director of the Bureau of Engineering of the State Board of Health Rhode Island, who will work out of West Palm Beach. These officials will give attention to sewage disposal plant, sewerage, water supplies, etc., in municipalities and sub-divisions.

The District Sanitary Officers attending the conference were: D. H. Osburn, Tampa; Fred A. Safay, Jacksonville; C. N. Hobbs, Tallahassee; John A. Lynch, West Palm Beach; C. A. Holloway, Ocala; Russell Broughman, Orlando; and E. S. Talbott, Bartow.

**BUREAU OF VITAL STATISTICS****Stewart G. Thompson, D. P. H., Director****A GOLDEN HARVEST \***

In the welter of talk and writing about Florida the one thing that has not been made clear is the cause of the State's sudden and immense prosperity, yet it is certain and obvious. Let us see. From the day of her discovery by Ponce De Leon, Florida has won the hearts and stirred the imagination of those who come to her. Three mighty nations, Spain, France and England, fought over her and the Seminoles contended with them for her possession. Great builders, from Turnbull with his colony at New Smyrna, to Plant, Flagler, and Broward have been inspired by the vision of her future greatness and have devoted their talents, their fortunes, and their very lives to her development. Still Florida was outstripped by sister states in material expansion: she grew slowly. The flood of emigration poured over the Alleghenies into the mid-west and passed Florida by. Other sections had their periods of rapid growth or "booms" but Florida lagged. She grew but did not flourish as her wonderful climate and rich natural resources entitled her to. The reason may be gleaned from the stories of the old settlers and may be inferred from faded patent medicine advertisements that still may be seen along the highways. The time was when every autumn the schools lost perhaps three quarters of their pupils from malaria, other fevers were common and the State acquired a reputation as being unhealthy. Visitors would come to escape the rigors of the northern winter and its deadly "Pneumonia months", but with the advent of spring they hurried away fearful of lingering lest they should pick up some malady. That this fear of sickness still exists, the host of inquiries at health offices by anxious prospective visitors, testifies.

Things are different now; Florida offers comfort and good health the year round. For some time permanent residents have been filtering in, the trickle became a stream and finally a flood that has fixed the eyes of the nation on the State. What has changed an ailing community into a wonderfully healthy one? There is the same amount of bright sunshine and the same delightful climate. Our woodlands, lakes and beaches offer the same recreation and townsites are laid out and built up in places where once they languished and died. The wizard that has wrought the change is the sanitarian—the engineer, the board of health doctor and nurse, the bacteriologist and the chemist. Those in close contact with the work could name the very men and women that performed the miracle. They worked quietly and effectively in bettering health conditions and preparing the field for modern business to plant and harvest. Once the work was done, depressed real estate values—they always have an attractive speculative value—took their normal level. General business and the professions thrived as never before. Life insurance was written that once would have been passed up. Health is now an asset of the State. All this because of

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**BUREAU OF VITAL STATISTICS—(Continued)**

proper drainage and sewerage, the development of safe water and milk supplies, sound diagnostic work in the laboratories, and efficient registration of vital statistics. The truth is, Florida made a relatively small investment in public health and has taken in a whopping big dividend. Health work pays. There has been nothing like it since Gorgas cleaned up the Canal Zone.

\**Horatio Newton Parker.*

P. S.—The surest way to put a crimp in Florida's prosperity is to cut her public health appropriations.

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**DRIED FRUITS GOOD SUBSTITUTES FOR FRESH**

Fruit is no longer considered a luxury. Since its importance is recognized, it has become a necessary part of the diet, says Lulu Graves, dietitian, writing in the December *Hygeia*, popular health magazine published by the American Medical Association.

Practically everything that may be said for the use of fresh fruits in the diet is equally true of dried fruits, with the exception of the reference to water. Dried fruits have some things in their favor in that they are found in the market in all seasons of the year and in all sections of the country; they are less difficult to keep and require less room for storage. Drying reduces fresh fruits and vegetables to one-fifth or to one-tenth of their original weight and to one-third or one-half of their original bulk.

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**MORE SUPERVISION OF SCHOOL LUNCH HOUR**

The lunch hour at school is the one hour of the day in which no guidance is offered to the children in many schools, because no provision has been made for a school lunch.

So declares Mary Agnes Davis, instructor at Teachers' College, Columbia University, writing on the school lunch in the December *Hygeia*, popular magazine of health published by the American Medical Association.

Children eat a cold lunch which has often been prepared hastily in the morning from what could be picked up from the breakfast table; to this is added a piece or two of pie left from the evening meal.

The wrong kind of food is not the only evil that arises from no provision for the lunch hour at school. The children often congregate in groups, eat in unclean places and indulge in questionable conversation.

The school lunch that is functioning as a school lunch should do more than give children something to eat at lunch time; it must give them the right kind of food and teach them how to choose food intelligently; it should send, through the children, information regarding food into the homes.

## A COMMUNITY'S GREATEST ASSET.\*

Recently a spirited contest between two cities in the middle Atlantic States as to which would secure a manufacturing establishment employing a large number of workmen, came to a conclusion by the selection of one on the basis that the winning city had a full-time health unit and therefore the health hazards and labor turnover due to preventable disease would be greatly minimized and increasing profits more reasonably assured.

Similarly, a banker in a Carolina city, refused to make a farm loan to a farmer who had neither the wisdom nor fore-thought to provide a sanitary toilet for his family that might safe-guard them from hook-worm infestation and typhoid infection. Evidently this banker had learned from observation or experience and probably both, that sick people are an economic liability and not an asset to business enterprise. Big business corporations and discerning people are beginning to insist on knowing something about the health conditions of a community before a selection of a place in which to live and work.

Are the water and milk supplies safe? Is sewage and garbage disposal of a kind as not to menace the health of the people? Is there a full-time Health Officer who may devote all his time to communicable disease control and modern preventive measures to promote the public health? What is the infant mortality rate? Is it a safe place in which to rear children?

The answer to these and other disconcerting questions is before every community seeking to advance its economic interests!

President Harding once said: "If I were to offer a prayer, it would be first for the spiritual excellence of our nation and next for its well-being in health." To this prayer and wish we can all give an immediate assent. It not only appeals to our reason and emotions, but it will bear the most critical analysis as to its social and economic soundness. Wealth production in general is conditioned on the health of the people, and therefore enduring prosperity, happiness and contentment will in their final analysis, be the product of enlightened action by both officials and people in the promotion, by every means possible, the personal and community health.

Would it not be good business in the set-up for Martin County to provide for a full-time County Health Unit? If Stuart and Martin County could give prospective citizens reasonable assurance that one of the chief concerns of the county and city officials is the promotion of the health and welfare of its people, by providing modern means for that purpose, then the county could truly list such an enterprise as one of its greatest assets.

\* The above editorial appeared in a Florida newspaper, known as the South Florida Developer, on December 1, 1925, and was written at the request of the editor by Doctor S. J. Crumrine, General Executive and Director, Division of Public Health Relations of the American Child Health Association.

25TH & EAST STREET  
LABORATORY,  
LIBRARIAN HYGIENIC.



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



# HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

## STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921

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VOL. 18

FEBRUARY, 1926

No. 2

Edited by

STEWART G. THOMPSON, D. P. H.

Director, Bureau of Vital Statistics

Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

**B. L. ARMS, M. D., STATE HEALTH OFFICER**

Jacksonville

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HON. CHAS. H. MANN . . . . . President, Jacksonville

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\*550 Local Registrars (County lists furnished on request)

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Jacksonville.....	Estelle Bonner, R. N. (Col.)
	†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

## ADMINISTRATION

B. L. Arms, M. D., State Health Officer

## SMALLPOX

If I contract smallpox I alone am responsible, if my child contracts the disease no one is responsible but myself for I could have protected both myself and my child. The same holds true in your family.

The fact that smallpox exists at all in the enlightened United States is certainly not a fact to be proud of, but not only does it exist but what shall we say when the following is possible: "In 1923 the United States ranked third among the civilized nations in the number of smallpox cases reported, being only exceeded by India and Russia. In 1924, with 49,819 cases reported it is probable that the United States will stand second."\* This certainly is not the best advertisement in the world but still it is as we have by our neglect allowed it to be.

Following is a copy of resolutions passed by the Florida State Board of Health, June 16, 1921, which tell their own story:

WHEREAS, Vaccination and revaccination offer the only preventive for smallpox, and

WHEREAS, the majority of smallpox cases occurring in the State are not seen or diagnosed by a physician, and

WHEREAS, the quarantine or isolation of the relatively few known cases of the disease gives the public a false sense of security, now therefore

BE IT RESOLVED that the State Board of Florida hold every individual or citizen responsible for the prevention of smallpox in himself or immediate family and that the public be advised that such prevention can be obtained on application to the State Board of Health for smallpox vaccine.

BE IT FURTHER RESOLVED that the State Board of Health of Florida furnish free vaccine to any citizen of the State and wherever an epidemic of smallpox is threatened it make every effort to detail a District Health Officer to the infected community to give free vaccine to the public.

BE IT FURTHER RESOLVED that the State Board of Health of Florida will not quarantine smallpox nor will it be responsible for the treatment, maintenance or sustenance of any case of smallpox occurring within the limits of the State.

There is no chance for smallpox to spread in any well vaccinated community and every adult citizen of any state owes to that state the obligation to protect the fair name of his home. If he has children he owes those children the protection that is simple and easy to obtain.

You who have recently been vaccinated or revaccinated have nothing to fear from this disease no matter how intimate the contact.

Remember that within the past few years there have been in this country many outbreaks of smallpox of a virulent type with a mortality of from 10 to 47.7% of the cases.

**ADMINISTRATION—(Continued)**

In the 1924 outbreak in Detroit of 1610 cases not one had been vaccinated within five years, and of the 163 deaths not one had been vaccinated within ten years.

With people coming into the State from all parts of the country we can never tell when a virulent type of infection may be brought in, but should it be brought in it will have no chance to spread if each of us is alive to the obligation we owe to ourselves, our family and our State.

If you have not been vaccinated within the past five years you should be, and remember if you do not need the protection there will be no "take", also if you have a "take" you needed the protection and a vaccination scar is a mark of honor and is much to be preferred to the scars left by an attack of smallpox.

**BE VACCINATED NOW**

\*Health Bulletin No. 3, July September, 1925, Department of Public Health, State of Victoria, Australia.

**BUREAU OF ACCOUNTING**

**Screven Dozier, Auditor**

**RECEIPTS**

Balance after paying October, 1925 Accounts.....	\$54,671.50
November, 1925 Receipts .....	6,313.06
Total.....	\$60,984.56

**DISBURSEMENTS**

November, 1925 Disbursements.....	\$20,898.11
Balance.....	\$40,086.45

**DISBURSEMENTS FOR NOVEMBER, 1925 ITEMIZED**

Administration ..	\$3,497.84
Engineering ..	2,945.40
Laboratories ..	4,793.07
Vital Statistics ..	1,902.39
Communicable Diseases ..	3,737.92
Multigraph ..	141.27
Child Welfare ..	3,175.46
Orthopedic ..	704.76

**\$20,898.11**



**BUREAU OF COMMUNICABLE DISEASES****F. A. Brink, M. D., Director****VACCINATION**

In 1796 a dairy maid told Jenner that she could not have smallpox because she had had cowpox. Jenner then made a study of the protection against smallpox acquired by persons who had contracted cowpox. First he transferred cowpox (vaccine) material from the hand of a dairy maid to the arm of a boy. A typical take followed. Six weeks later the boy was inoculated with smallpox and it did not take. Subsequently a group of people were inoculated with smallpox and those that had previously had a successful inoculation with cowpox were found to be immune.

That was in 1796—one hundred thirty years ago—little was then known about germs, asepsis and surgical cleanliness. Disease producing germs were sometimes introduced with the virus or subsequently into the vaccination wound and serious complications would follow.

To this day no better method of preventing smallpox than that of Jenner has been discovered, but so perfect have become the methods of preparing the vaccine, performing the vaccination and caring for the vaccination wound that dangerous complications are seldom seen, and then they are due to abuse or neglect of the vaccinated arm.

Vaccine virus is now prepared under strict supervision of the United States Public Health Service and marketed only after being subjected to the most rigid tests for contamination. The vaccination should be done by a physician who will exercise care to prevent the introduction of infection, the arm should be protected from dirt and injury and when there is evidence of a take it should be cleaned gently with rubbing alcohol and protected with a sterile gauze dressing held in place with adhesive tape. The use of bunion plasters or celluloid shields is not advised.

It is best to have the doctor see the vaccinated arm once or twice a week.

**THE NEW PAMPHLET**

The recently published bulletin, "What To Do When Diphtheria, Scarlet Fever, Etc. Appear in School", is being sent to all teachers in the state as rapidly as their names and addresses are received from their county superintendents.

The five medical officers on duty during December put in a busy month doing preventive work and making preparations for an extended immunization program for the new year. This program is now well under way.

**BUREAU OF DIAGNOSTIC LABORATORIES****James R. Bean, M. D., D. P. H., Director****UNIDENTIFIED SPECIMENS**

Not infrequently the Laboratory receives specimens which cannot be identified. The postmark is usually so indistinct that it is impossible for us to determine from what city it was submitted. Up to and including January 25th, 1926, nine specimens have been received in this manner as follows:

SPECIMEN	NUMBER	RESULTS
Diphtheria	1	No Diphtheria bacilli found
Blood for Wassermann Reaction	1	Negative
Blood for Wassermann Reaction	1	Positive four plus
Smear for Gonococci	1	No Gonococci found
Feces for Animal Parasites	2	Hookworm ova found
Feces for Animal Parasites	2	No ova or parasites found
Blood for Widal Reaction	1	Negative

This represents only what has come to the attention of the Central Laboratory situated in Jacksonville but our other laboratories have this same trouble.

**ATTEMPTS TO IDENTIFY**

Upon the receipt of a specimen having no data we try to determine from the postmark from where it was sent. In one instance this was done and letters were written to every physician in that city. We received only one (1) reply and this from a physician who had his name on the data blank but no patient's name and he had already received a report on that specimen. By unidentified specimens we mean those received without any data whatsoever. Every effort is made by the Bureau of Laboratories to give service on all specimens submitted.

**IMPOSSIBILITY OF REPORTING**

Very frequently we receive letters from physicians who have realized that they have failed to submit data. It is of course impossible for us to determine which of the unidentified specimens received is the one in question and therefore cannot make any report.

**WHAT SHALL WE DO?**

In view of these facts it would seem that the Laboratories are performing work on these unidentified specimens which is of no value whatever and we have been under the impression that all unidentified specimens should be discarded. Suggestions are solicited.

**BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF DECEMBER, 1925**

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites.....	1339	1477	368	216	414	3814
Diphtheria ... ..	847	379	121	264	19	1630
Typhoid ... ..	116	104	11	14	18	263
Malaria ... ..	161	109	10	14	30	324
Rabies ... ..	14	4	.....	11	.....	29
Tuberculosis ... ..	146	61	12	22	10	251
Gonorrhoea ... ..	231	141	13	54	9	448
Syphilis ... ..	1870	626	.....	210	.....	2706
Water: Bact. Exam.....	.....	29	.....	89	.....	118
Milk: Bact. Exam.....	.....	9	.....	158	2	169
Milk: Chem. Exam.....	1	9	.....	368	2	380
Miscellaneous ... ..	37	10	21	49	6	123
	4762	2958	556	1469	510	10255

Specimen Containers Distributed During December, 1925.....10055

**BIOLOGICAL PRODUCTS SENT OUT DURING DECEMBER, 1925**

Diphtheria Antitoxin.....	10,000 units	282 Packages
	5,000 units	74 Packages
Toxin Antitoxin.....		4877 C.C.
Shicks.....		1600 Tests
Tetanus Antitoxin.....	20,000 units	24 Packages
	10,000 units	20 Packages
	1,500 units	1041 Packages
Typho Bacterin.....	PLAIN	950 Packages
	TRIPLE	35 Packages
Vaccine Virus.....		5990 Points
Antimeningococcus Serum.....		10 Cylinders
Antirabic Virus.....		52 Treatments

Carbon Tetrachloride..... 3264 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY

**BUREAU OF ENGINEERING****Ellsworth L. Filby, C. E., Chief Engineer****FLORIDA WATERS**

Much has been said about, and miles of type used in printing, the fame of Florida waters. Orators have waxed eloquent and publicity writers burst into ecstasies over Florida waters. Cities advertise their waters, sanitariums are erected to fully utilize the beneficial qualities of the springs and waters and bottlers grow rich on the ten cents a gallon water delivered—"pure and sparkling". Collecting a few slogans of water plants scattered about the state we find Pensacola quite proud of her "100% Pure Water" that is used in place of distilled water in electric batteries. Sebring tells the guests in the hotels that they are being supplied with "Sebring Health Water" and one of our newest cities in the making stamps on its letterheads "Methyl Orange Water". Of the slogans used, to sell bottled waters there are legion and we hesitate to quote them.

Recently the U. S. Geological Survey has completed a quantitative mineralogical survey of the well waters and springs of the state. These results will be published in a year or so by the Federal Government but in the meantime the results have been compiled and are blue printed on fourteen sheets which are available for distribution at cost, one dollar for the set.

The waters in this list are tested for Silica, Calcium, Iron, Magnesium, Sodium and Potassium and also for the bicarbonate content, the carbonate content, the sulphate, chloride and nitrate content. The hardness of the waters is listed and the total solids. Results are expressed in parts per million—thus one pound of salt—Sodium Chloride—dissolved in one million pounds of distilled water—would give a test of one part per million chloride.

Water as it initially strikes the earth is practically free from dissolved matter but may contain some dissolved gases such as carbon dioxide—the presence of these gases and the natural solvency of water tend to dissolve out minerals in the earth through which the water seeps. Flowing through various rocks and soils different minerals are picked up and held in solution. In Florida the nature of the soil tends to make the soft rain water pick up quantities of lime stone in the soluble (bicarbonate) form. It also has salt deposits to dissolve out and possibilities are that continued heavy pumping on some of our deep wells has pulled up some of the heavier salt water which lies in the deep rock cavities underlying the state. Often sea water is pulled in through the soil by heavy pumping and a fresh water well gradually becomes salt.

House wives are interested in the hardness of water. That is the dissolved chemicals that cause water to "eat up" soap with no decent lather. The hardness combining with the soap forms a very disagreeable scum and curd, so noticeable in the bath tub. Hardness also clogs up the hot water lines and forms scale in boilers as it deposits



**BUREAU OF ENGINEERING—(Continued)**

a layer in our teakettle. Hardness is of two characteristic types—the so-called temporary hardness which can be removed by boiling the water or by use of lime and caustic soda and the permanent hardness which needs chemical treatment to soften it. The temporary hardness consists of the bicarbonate of calcium, magnesium and iron. It is derived from limestone rock which has been dissolved by the rain water containing carbon dioxide gas.

The permanent hardness consists of the sulphates and chlorides of calcium magnesium and iron. This is formed largely by the rain water dissolving out epsom salts from the soil and by oxidation and solution of iron pyrites. Chemical treatment is necessary to soften it and the usual softeners are soda ash, lime and the zeolites. The process of softening water is another topic and will be treated later but it is an economical procedure to soften water if one figures in the various savings accruing. Any Florida city can have soft water. If the natural water is soft—as it is in Pensacola, Milton, Sebring, Crestview, etc., from well supplies—no treatment is necessary but often the water is very hard and the city softens the well supply—as at Daytona, Miami, Ft. Lauderdale, Vero, etc. Surface supplies such as obtained from rivers, lakes and streams are usually soft but the high color content presents an interesting problem in its removal as does the hardness in the well supplies. Soft water is an economy that progressive cities should consider more than they do.

Take a trip to your water plant—ask your superintendent to show you around. Do you KNOW where your water supply comes from or do you simply know that it comes if you open a spigot? Your superintendent is a man of a thousand jobs—one who is on duty 24 hours a day 365 days a year—he is never caught up with his work—he will appreciate your interest for he has to come before you at times for money for extensions, new equipment, extra help, etc. Get to know him.

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**DON'T PAY VISITS TO PERSONS WITH TYPHOID**

Do not visit persons with typhoid fever; the visit is of no real benefit and frequently leads to the infection of the visitor. This is the warning of Dr. Harold B. Wood of the Pennsylvania department of health, who contributes an article on "How One May Get or Avoid Typhoid" to the February Hygeia, popular health magazine published by the American Medical Association.

"The hands of the typhoid patient are always infected," says Dr. Wood. "Persons have visited typhoid fever patients in hospitals and have contracted the disease after shaking hands with the sick."

However, the main danger in visiting is in the country. There the visits are apt to be prolonged; the visitors frequently eat meals prepared by the infected hands of the nurse, and always drink water from the shallow well which probably receives surface rain water infected by typhoid discharges.

Such visiting, eating and drinking, even at funerals, cannot too vigorously be condemned, Dr. Wood declares.

## CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

### MEETING THE NEEDS

During the past year, because of the increasing number of road tourists, we have been faced with the problem of how best to help mothers and children who are traveling. We found in visiting tourist camps that many of these travelers are on the roads and in camps for periods varying from one month to two years. In view of this fact, and with a desire to give the best possible service, we have detailed two nurses from the Bureau of Child Welfare and Public Health Nursing to work exclusively in the tourist camps. This is an entirely new service and must, of necessity, be in the nature of an experiment, but we feel that a valuable service can be rendered even though it may only mean seeing the family one time.

The prevention of epidemics by the early discovery of cases of disease was the thought uppermost in our minds and we hoped by careful investigation to find the cases that might not be reported in any other way, and get them under medical care. We are, however, finding opportunity for a larger service in the dissemination of information and actual demonstration to mothers of the care of themselves and little children, which we hope will be of lasting benefit.

It matters not how careful a mother may be of a child's diet in the home, of necessity this care cannot be exercised in a camp with meagre facilities for cooking and the articles desired not always available. In this relation the camp nurse is welcomed by mothers. Demonstrations are also made of the artificial feeding of babies with food stuffs which can be easily carried and will best serve to maintain the health of the child. Advice of all kinds is eagerly sought regarding living conditions in the state and the nurse becomes a bureau of information for these prospective citizens.

In covering her territory the nurse's first duty is to visit the nearest community to the camp in question, where information covering health, schools, churches, welfare and other organizations is obtained. In this way the camp population can be put in touch with the community which should tend to mutual benefit. Literature is distributed where desired and particular attention is paid to the distribution of hookworm specimen containers.

While, of course, because of the migratory nature of the population of the camps, it is impossible to do a systematic piece of work, much can be accomplished in intimate individual talks with mothers. A story hour for children can be arranged for in a very short time and by the telling of any one of the hundreds of pretty health stories now available to us, the little folks may be taught some valuable lessons.

If the pioneers who made the opening of new territory possible all over our country could return and see the wonderful progress made as a result of their first struggles, we are convinced that they would consider their early difficulties as trifles in comparison and we who are beginning this work in a very small way, hope for the development of a service which will reach into the future and have its part in the building of the health of the country.

**BUREAU OF VITAL STATISTICS****Stewart G. Thompson, D. P. H., Director****ADVISES AGAINST VACCINATION—DIES OF SMALLPOX**

New York State Health News carried an item mentioning a fatal case of smallpox in a school teacher. An interesting feature of this case came to light through the health officer of the municipality in which the teacher lived.

Following the teacher's death, mothers of two pupils in her class independently reported to the health officer that just before Christmas they had told the teacher that their children were to be vaccinated during the holidays. The teacher strongly urged against it on the ground that it "was medieval custom, was harmful to the welfare of the child, and that deaths were occasionally caused by such vaccinations."

On January 12 this teacher died of smallpox.

Although she took her own advice, fortunately the mothers of her pupils did not.

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**LOCAL REGISTRARS APPOINTED**

Number	Name	Address
3-03	Mr. W. W. Mayo.....	West Bay, Fla.
6-01	Dr. D. L. Campbell.....	Ft. Lauderdale, Fla.
9-097	Mr. J. H. Batton.....	Route 1, Green Cove Springs, Fla.
11-01	Mr. F. T. Johnson.....	City Hall, Miami, Fla.
11-07	Mrs. Elsie Lappin.....	City Hall, Coral Gables, Fla.
24-04	Mrs. Allen L. Strait.....	Umatilla, Fla.
26-017	Mr. W. A. Strickland.....	Rt. A, Tallahassee, Fla.
31-11	Mrs. Amanda Rawls.....	Rt. B, Ocala, Fla.
33-02	Dr. C. R. Smith.....	Callahan, Fla.
35-097	Mr. J. W. Cumbie.....	Clarcona, Fla.
38-01	Mrs. Victoria McFall.....	Box 525, Dade City, Fla.
39-03	Miss Margaret Jacobs.....	Box 703, Clearwater, Fla.
40-277	Mrs. Callie Pace.....	Nichols, Fla.
44-217	Miss Molly Beasley.....	Pace, Fla.
47-037	Mrs. G. W. Umstead.....	Rt. B, Live Oak, Fla.
47-177	Mr. J. L. Wells.....	O'Brien, Fla.
49-117	Mrs. Adah A. Stanley.....	Oak Hill, Fla.
52-02	Mr. F. P. Evans.....	Caryville, Fla.
52-017	Dr. N. J. Dawkins.....	Vernon, Fla.
61-02	Mrs. Alice E. Bryan.....	Raiford, Fla.



A VACCINATION WALL WILL PROTECT ANY COMMUNITY

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HUMAN LIFE IS THE STATE'S GREATEST ASSET



# HEALTH NOTES

OFFICIAL BULLETIN  
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**STATE BOARD OF HEALTH**

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MARCH, 1926

No. 3

Edited by  
**STEWART G. THOMPSON, D. P. H.**  
Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

**B. L. ARMS, M. D., STATE HEALTH OFFICER**  
Jacksonville

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Jacksonville	Estelle Bonner, R. N. (Col.)
	†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

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B. L. Arms, M. D., State Health Officer

### GOOD CITIZENSHIP

A good citizen is one who lives not for himself alone but in such a way that his community is better for his presence, conversely therefore one who so conducts himself that his community pays the penalty is not a good citizen. A case of smallpox in any community hurts that community, hence he who allows himself to harm his community has neglected a civic duty and has not earned the right to be called a good citizen.

Smallpox differs from nearly all other diseases in that no one need have it unless he wants it, for vaccination offers a sure preventive and at the same time it is a very simple procedure. There is also this to be remembered, that if one does not need the protection there will be no "take".

Each adult individual owes to his community the duty of protecting himself and his family from smallpox and he also owes his family that protection, and if a member of his family contracts the disease he is responsible for it.

Smallpox is present at this time in nearly every section of the State and the only way in which we can stamp it out is to build a vaccination wall, thereby not giving a chance to spread for lack of susceptible individuals.

One of our strongest allies in most moves for the good of the State has been denied us to a great extent, for the newspapers with the exception of those published in Tampa have declined to publish the facts relating to the incidence of smallpox and this has greatly hindered vaccination. Tampa papers openly published the number of cases occurring there and as a result vaccination has made greater headway than in any city in the State, unless it is Pensacola where a death occurred from smallpox.

A table showing the number of reported cases is given.

Note that during the first half of February only a few more than half as many were reported in Tampa as there were in January, while in Miami there were almost as many the first half of February as for the entire month of January, and in Jacksonville there were many more cases during the first half of February than for the full month of January, and I firmly believe that if the papers had published the number of cases as they occurred and urged vaccination that the outbreak would have been checked before this time.

That publicity did not harm Tampa is demonstrated from clippings from northern papers as well as the presence of large crowds at the fair recently held at that city.

Tampa stated the number of cases and the public felt secure, while rumor gave Jacksonville and Miami many times the number that actually existed, and the public felt that the condition was being concealed.

## ADMINISTRATION—(Continued)

No recently vaccinated individual need fear smallpox and if you are not now a "good citizen" join the group today and if the response is general we can rest assured that smallpox will soon be a rare disease.

CASES OF SMALLPOX REPORTED DECEMBER 1, 1925 TO  
FEBRUARY 15, 1926, INCLUSIVE, BY COUNTIES  
AND CERTAIN CITIES

Location	December	January	Feb. 15th	Total
State .....	65	322	288	675
Alachua .....		2		2
Baker .....			2	2
Bay .....		1		1
Brevard .....		10	1	11
Broward Ex. ....			2	2
Ft. Lauderdale .....		1	3	4
Citrus .....			1	1
Columbia .....		14	2	16
Dade Ex. ....		2	3	5
Miami .....	25	82	75	182
Duval Ex. ....			4	4
Jacksonville .....	13	35	46	94
Escambia Ex. ....	1	4	1	6
Pensacola .....	1	1	2	4
Gadsden .....		2	1	3
Highlands .....	3		2	5
Hillsboro Ex. ....		10		10
Tampa .....	13	122	66	201
Jefferson .....		1	1	2
Leon .....	1	2		3
Levy .....		1	1	2
Manatee .....	1	2	1	4
Marion .....		5		5
Orange Ex. ....	1	7	1	9
Orlando .....			34	34
Palm Beach Ex. ....		3		3
West Palm Beach .....			30	30
Pasco .....		5	1	6
Pinellas Ex. ....	3	3	3	9
St. Petersburg .....			2	2
St. Johns .....	1		1	2
St. Lucie .....		3		3
Santa Rosa .....	2			2
Sarasota .....		1	1	2
Seminole .....		1		1
Sumter .....			1	1
Union .....		1		1
Volusia .....		1		1



ADMINISTRATION—(Continued)



HAVE YOU BEEN  
VACCINATED?

**BUREAU OF COMMUNICABLE DISEASES****F. A. Brink, M. D., Director****PREVENT SMALLPOX**

If there were no known case of smallpox in Florida or even in the United States there would still be abundant argument in favor of vaccination but since smallpox is widely scattered over many states, including Florida, no one can afford to omit the protection afforded by vaccination. The absence of a **known** case of smallpox in your community is not sufficient assurance that the disease is not present or may not make its appearance at any time.

The well developed and virulent case of smallpox may do much less harm than the mild because it is early recognized and the patient carefully isolated. It is the mild case that is most apt to be overlooked and from which many and severe cases may develop. But whether the disease is recognized or not, whether it is mild or severe and whether the patient is quarantined or at large, matters not at all to the household that is successfully vaccinated.

It matters not what device is offered the public, how clearly its value is demonstrated, how inexpensive or how valuable it may be, a certain part of the population will reject it. Various reasons have been given for the rejection of smallpox vaccination and some of them are as logical as that of the lady who did not believe in it because her little son, three days after being vaccinated fell out of the window and broke his neck.

The rather extensive experience of the writer has led to the belief that, though many reasons are given the real basis of objection is selfishness, for people invariably submit to it if convinced that they are in immediate danger of contracting smallpox.

One successful vaccination affords some protection through life. It is unusual to have smallpox within ten years, rare to have it within three years after vaccination and, since the reaction from a second vaccination is very mild, one need never hesitate to submit to revaccination.

The best time to vaccinate is now. All children should be vaccinated between six months and one year of age. At this time they are easy to control and their work will not be interrupted. Certainly no child should be allowed to reach school age without vaccination.

The best place to vaccinate is over the deltoid (shoulder) muscle. There it is most easily protected from injury and infection.

The puncture method of vaccinating is much preferred to the scratch method. It is described in a pamphlet in every package of vaccine distributed by the State Board of Health.

Celluloid shields and bunion plasters are not recommended. They do more harm than good. A sterile gauze dressing may be used.

During January and the first half of February the personnel of this bureau vaccinated over 14,000 persons. This is but a fraction of the total number vaccinated. The work of local health officials and

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**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

doctors has been splendid but greater interest must be shown by the public and by certain doctors and a great many more people must be vaccinated now and in future years if smallpox is to be kept under control in our fair state.

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Two deaths from smallpox have been reported to the Bureau by Dr. Don. S. Fraser, Medical Officer. The first was an Escambia County school teacher, the other a child in Gadsden County.

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Dr. C. H. Farmer, formerly Health Officer in Aiken County, South Carolina, reported February 15th and began work as Medical Officer in District Number one with headquarters at Jacksonville.

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**BUREAU OF DIAGNOSTIC LABORATORIES**

**James R. Bean, M. D., D. P. H., Director**

**VACCINE VIRUS**

Laboratories are maintained by the State Board of Health at Jacksonville, Miami, Pensacola, Tallahassee and Tampa where specimens may be examined in an effort to determine communicable diseases. These laboratories go farther than that, as they handle biological products used in preventing and sometimes curing these diseases.

At present time SMALLPOX is attracting considerable attention and as the only means of combatting it is in vaccination the Bureau of Laboratories has been busy distributing vaccine virus. During the month of January 155,962 points were shipped out and 56,430 points up to the 15th of February inclusive. This represents more vaccine virus than has been distributed through any twelve month period \* \* \* in fact during last year only 21,780 points were used so that our grand total for this year or a period of only six weeks is 177,742 points or approximately eight times as much as was used during the entire year of 1925.

This is encouraging and shows that the general public is awakening to the IMPORTANCE of VACCINATION. NO RECENTLY VACCINATED PERSON DEVELOPS SMALLPOX. If you have not been vaccinated WITHIN THE LAST FIVE YEARS our advice is **BE VACCINATED.**

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**RABIES TREATMENT**

On and after February 15th Rabies treatments will be twenty dollars (\$20.00).

Treatments will be furnished free when physician certifies that the patient is indigent and that he is receiving no pay for the administration.

**BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF JANUARY, 1926**

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites .....	1086	293	232	61	378	2050
Diphtheria ..	809	218	85	229	13	1354
Typhoid ...	128	91	13	21	6	259
Malaria ...	123	99	10	21	28	281
Rabies ...	13	8	.....	19	.....	40
Tuberculosis ..	188	74	13	27	6	308
Gonorrhoea ..	298	153	17	80	15	563
Syphilis ..	1645	641	.....	316	.....	2602
Water: Bact. Exam.....	.....	27	.....	13	.....	40
Water: Chem. Exam....	.....	.....	.....	132	.....	132
Milk: Bact. Exam.....	30	5	1	162	3	201
Milk: Chem. Exam.....	30	5	1	420	7	463
Miscellaneous ...	28	12	6	57	1	104
	4378	1626	378	1558	457	8407

Specimen Containers Distributed During January, 1926.....13,276

**BIOLOGICAL PRODUCTS SENT OUT DURING JANUARY, 1926**

Diphtheria Antitoxin.....	10,000 units	237 Packages
	5,000 units	100 Packages
Toxin Antitoxin.....		2658 c.c.
Shicks.....		6200 Tests
Tetanus Antitoxin.....	20,000 units	25 Packages
	10,000 units	38 Packages
	1,500 units	582 Packages
Antimeningococcus Serum.....		23 Cylinders
Typho Bacterin.....	PLAIN	437 Packages
	TRIPLE	129 Packages
Vaccine Virus.....		155,962 Points
Antirabic Virus.....		72 Treatments

Carbon Tetrachloride..... 3808 Capsules

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**



**CHILD WELFARE AND PUBLIC HEALTH NURSING****Mrs. Laurie Jean Reid, R. N., Director****A PREVIEW OF MAY DAY**

Again the months have rolled around and a look at the calendar reminds us that what should be the Red Letter Day of the year, is almost here, and we must needs bestir ourselves if we would have our state take its rightful place in the important work of positive health for children. The slogan "The first of May is very child's day" should only be looked upon as a fore-runner of the slogan "Every day is every child's day", which should be actually lived and worked for. With this as our goal, every effort will be made to increase the interest of all groups who are working with children and all other groups who up to the present time have been rather apathetic about this particular phase of work.

This year we will place special emphasis on the preparation of the preschool child for school. In this connection we must remember, and all workers must stress to their communities, this fact, that if we are ever to stem the tide of preschool children beginning their school lives with innumerable defects and preventable diseases we must begin long before the school age is reached. The standard of health for a child is very aptly covered by Herbert Hoover's "Childs Bill of Rights", which is that, "There should be no child in America that has not been born under proper conditions, that does not live in hygienic surroundings, that ever suffers from under nutrition, that does not have prompt and efficient medical attention and inspection, and that does not receive primary instruction in the elements of hygiene and good health."

We have learned that if we would bring to perfection the flowers, fruits and vegetables, we must have good seed planted in the proper soil, and cared for intelligently and continuously. Thus we reap our remunerative harvest.

We have also learned that if we would have for America a Citizenship of upstanding, vigorous, mentally alert men and women, we must begin at the beginning and by intelligent instruction and care work to accomplish the desired result.

Of the 1,500,000 of the population for the United States, who die each year, it has been estimated that 42% die from preventable causes.

Forty thousand school children die each year from causes which are preventable.

Diphtheria, which is considered preventable, and for which there has been a curative for many years, takes the largest toll of deaths among children of any of the five common communicable diseases.

We can, by the use of means within our reach, give protection against diphtheria, smallpox and typhoid, but these should only be incidental routine in the child's life. It is the day by day intelligent care that makes for positive health. Fresh air today will not make up for lack of it tomorrow. Proper diet this week will not balance improper food for next week.

**CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)**

Health habits should be taught the child from the day of its birth, when it should be fed not every time it cries, but at the proper intervals. If through the first few years of life the child is kept clean, comfortably clothed, properly fed and continuously taught healthful, normal living, when the school age is reached these habits have for the most part become fixed and will be continued without much thought on the child's part.

If, on the other hand, the early formative years are neglected we have set ourselves a superhuman task, because the child's mind is constantly receiving impressions and if these are unfavorable they must needs be unlearned before we can begin to teach the right lessons. "You cannot put more water in a full pitcher."

Last year we had a fairly good response to our appeal to the people of the state to make May Day an outstanding feature of the year's work for children. In a great number of communities committees were formed that have continued to function throughout the year. This year we have set for ourselves the objective of a celebration of May Day and some one piece of health work to be undertaken in connection with May Day, for every community from Pensacola to Key West. This will mean the combined efforts of all interested people, and all others whose interest we can rouse. Surely there is no more worthy cause. The center of civilization is the home and the heart of the home should be healthy, happy childhood, and with this end in view for every Florida home we are giving you the opportunity of assisting us toward this end. Plans and programs will be gotten out at the earliest possible moment for distribution, so that work may be begun in good season. Address all inquiries to: Director, Bureau of Child Welfare and Public Health Nursing, State Board of Health, Jacksonville, Florida, who for the third year has been appointed State Chairman for Florida.

Sing a song of May Day,  
With flowers of brightest hue,  
With boys so bright and girls so gay  
All bubbling over with life and play.  
For every day from sun to sun  
They keep the health rules, every one.  
And so they dance and sing and play  
On every child's day! May Day!

**BUREAU OF ENGINEERING****Ellsworth L. Filby, C. E., Chief Engineer****HERE AND THERE**

A gathering of Messrs. Talbott, Renny and Osburn, District Sanitary Officers of the lower west coast area, together with the Bureau Chief, took place at Arcadia during the past month and a sanitary survey of that progressive city was made in two days. The subjects of water supply, sewerage and sewage disposal, garbage, privies, store and restaurant sanitation; milk supply, tourist camps and mosquito breeding places were covered. Arcadia was found to be in fine shape and with the completion of the newer sections of the sewerage system many open privies will be eliminated. From official records Arcadia has had but one death from typhoid fever in the last two years. Malaria was listed as the cause of three deaths in 1924 and one in 1925. These statistics are for the voting precinct of Arcadia and include some area outside the town limits.

Moving up to Wauchula a similar survey was made and this city can certainly claim the title of "spic and span" for it was found to be in excellent shape. It is well worth while to note here that where sewers are not available, brick sanitary pit privies were found and they were in excellent shape. Installed some three years ago they have rendered excellent service. Wauchula has had no deaths from typhoid and none from malaria in the past two years. An excellent record.

For comparison we list the town of....., Florida where little attention is paid to mosquito control or proper disposal of human excrement. Repeated efforts have been made to get..... to clean up, etc., but little success. In 1924 there died at..... from malaria five people and in 1925 (11 months) seven people. Typhoid claimed three in 1924 and three in 11 months of 1925.

Both towns have about the same population. No deaths against 18 deaths from preventable disease. Does sanitary work pay?

Along the same lines—we find big companies like the Cummer Lumber Company of Jacksonville, who operate a big mill and quarters at Lacoochee down in Pasco County, asking for a regular inspection and report as to sanitary conditions as they "want to take precautions before the advent of warm weather." And over in Escambia County the Underwood Contracting Corporation with a camp of about 100 men have asked how to protect their camp. They were hauling drinking water 18 miles to safeguard their men, pending the drilling of a well 400 feet deep. Their camp has been investigated and the company has started to carry out recommendations made.

More and more cities are putting in sewerage. The latest town to vote for it was Branford in Suwannee County. Not a single vote was cast against the bond issue. Crystal River, Wildwood, Avon Park, Brooksville, St. Cloud, are also engaged in this necessity of modern existence.

Camps and more camps—the tourist camp list now stands at 225

**BUREAU OF ENGINEERING—(Continued)**

certified camps and still they come in. Practically every town of any size now has a certified camp. Let us drive the fly-by-night camps to the woods by providing better places for folks to stop. Legal procedure seems to be as slow as the proverbial molasses in January.

Florida has recruited a new army of public health workers—namely the real estate men and developers—and they have undertaken and have successfully completed a very spectacular and effective piece of mosquito control work in addition to placing hundreds of dollars worth of mosquito-heaven land on the market as million dollar developments. Dr. John A. Ferrell, Director for the United States of the International Health Board, recently visited this area and reports it the most effective and permanent control operations that he has seen in the United States.

**LATE EXTRA  
FIGHTING RESUMED ON ALL FRONTS!**

Jacksonville, Fla., March 1st.—With the opening of the spring weather conditions have so improved on the East and West fronts that active fighting is now taking place. The southeastern section under command of Director Ziebold has already started active skirmishings and reports of heavy casualties have been filtering in. Forces of the Public Welfare Department under Ziebold have repulsed the enemy on a wide front and expect to launch a general offensive from Little River to Coral Gables. On Director Ziebold's right Commander Allen will bring his newly recruited force into action along the Coral Gables—Larkin section. To the north, General Clawson has kept up a steady battle all winter and has extended his lines down to Lake Worth and up to Kelsey City. Over on the West front Chief Wyman has been pushing his regulars all winter and in the last months reports from St. Petersburg section claim the capture of 321 machine gun nests of the enemy with destruction of thousands of rounds of potential ammunition.

Skirmishing parties have penetrated to the strong hold of the enemy at Ft. Lauderdale and have spied out his fortifications. It is the plan of forces about Ft. Pierce to make a tremendous, continuous assault on the home of the enemy this summer. Col. Wrightson has been recruited from the north and Panama Canal Zone and has succeeded in getting a Liberty Loan drive of \$500,000 successfully passed to provide the sinews of war. The zero hour of attack has not yet been determined but plans are being laid to capture this "Heligoland" of the enemy.

Commander-in-Chief MacDonell has been in consultation with her Chief-of-Staff Simons in Jacksonville and is about ready to call a meeting of all commanders on all fronts in preparation for the grand attack all summer.

Casualty lists on our side are very light while the enemy has lost thousands of warriors. All citizens are urged to keep an attentive ear open for the humming and drumming sound indicating the approach of one of the enemy seaplanes and to destroy all standing water which



**BUREAU OF ENGINEERING—(Continued)**

they may use as a landing base to establish outposts. So far no quarter has been asked by either side—no prisoners are taken—all are killed outright—this is because the enemy persists in attacking women and children during night raids and also in some sections using poison germs creating in their victims disabling disease which our hospital staff term malaria.

**AVOIDING TYPHOID**

Ten ways to avoid typhoid fever are given in Hygeia, popular health magazine published by the American Medical Association, in its February issue. They are:

1. Stay away from typhoid patients.
2. Prevent sick persons from handling foods.
3. Remember not to swallow water when swimming.
4. Subscribe for safe milk and pure water supplies.
5. Send typhoid patients to the hospital in the first week.
6. Refuse to drink from any well or spring that may admit drainage.
7. Appreciate that a case of uncontrolled typhoid may produce an epidemic.
8. Teach children how diseases are caused, spread, controlled and avoided.
9. Cooperate with local boards of health by having all cases reported and controlled.
10. Get vaccinated and thereby further safeguard one's self and family.

**BUREAU OF ACCOUNTING**

**Screven Dozier, Auditor**

**RECEIPTS**

Balance after paying November, 1925 accounts.....	\$40,086.45
December, 1925 Receipts.....	57,675.60
<b>Total.....</b>	<b>\$97,762.05</b>

**DISBURSEMENTS**

December, 1925 Disbursements.....	\$25,690.22
<b>Balance.....</b>	<b>\$72,071.83</b>

**DISBURSEMENTS FOR DECEMBER, 1925 ITEMIZED**

Administration ..	\$2,416.96
Engineering ..	6,438.19
Laboratories ..	4,719.00
Vital Statistics ..	1,734.86
Communicable Diseases ..	3,406.41
Multigraph ..	184.16
Child Welfare ..	6,063.98
Orthopedic ..	726.66

**\$25,690.22**

## BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

## SMALLPOX MORTALITY

The fact that comparatively few deaths have been caused by Smallpox in this State should be no excuse for failure to protect ourselves and our families. There are other effects of Smallpox which should be considered when hesitating to be vaccinated. Many persons carry ugly scars the balance of their lives even though the disease did not prove fatal.

We have been fortunate in Florida because of the small number of deaths caused by Smallpox. On the other hand, we are careless or negligent if deaths occur at all. Health workers in this state were rejoicing over the fact that Smallpox was not charged with a single death during the calendar years 1923-1924. The recent out-break, however, has broken the spell and our records will go down in history with a mark that should have been prevented. As a matter of record, I am listing below, the number of deaths by years and by color from Smallpox in this state since the Vital Statistics law went into operation.

Year	Deaths Total	Deaths White	Deaths Colored
1925	0	0	0
1924	0	0	0
1923	0	0	0
1922	4	2	2
1921	14	4	10
1920	3	1	2
1919	0	0	0
1918	0	0	0
1917	1	1	0

## INCREASE IN SMALLPOX DISGRACE TO COUNTRY

To the shame of a world that presumes to call itself intelligent, smallpox continues to menace the people of all nations. During the calendar year 1924 there were more than 218,000 cases and more than 50,000 deaths from this disease. In the United States during 1924 there was an increase of 75 per cent in the number of cases and of 62.8 per cent in the number of deaths, as compared with 1923.

While it is no doubt true that the reporting of the disease and its detection are better in the United States than in many other countries, and while the disease in general is mild, its occurrence is unnecessary if the advantages of smallpox vaccination and the application of known preventive measures can be extended as they should be.

An increase—indeed, even the continuance—of this disease warrants the epithet applied by Charles Richet of "idiot man." Lack of knowledge might be considered an excuse; failure to use available knowledge to advantage is merely stupidity.—Hygeia.

**BUREAU OF VITAL STATISTICS—(Continued)****NO SUBSTITUTE FOR COUNTRY DOCTOR**

Is the old-fashioned family doctor about to disappear?

Many say yes. Dr. William Allen Pusey, son of a country doctor, well known Chicago specialist in skin diseases, former president of the American Medical Association and medical writer of note, says no.

"The family doctor is a necessary man for whom we have no substitute," says Dr. Pusey, "and one, therefore, whom the people will see to it that they have.

"There are many attractions to his life which we are now overlooking, but which, being essential, will come back into recognition and again influence young men to go into this sort of practice.

"The family doctor, the country doctor in particular, we will admit, has led a hard life; but hardships in life, of the sort that we have in mind when we speak of the hardships of a successful vocation, are not important objections. For the right sort of man, they furnish a stimulus that is attractive.

"There are many compensations to the country doctor besides the stimulation of a sort of adventure and the satisfaction of duty well done. The eagerness to which the doctor's coming is looked forward to, the satisfaction at his arrival, the relief he can often give in desperate situations when he is the sole reliance—there is nothing in the life of the specialist that takes the place of these things.

"If the family doctor should disappear, one of the most useful and satisfying of man's vocations would be lost."

---

**NO SHORT CUT TO HEALTH**

There is no one royal road to personality, to riches, to beauty or to health. James A. Tobey, secretary of the National Health Council, tells readers of *Hygeia*, popular health magazine, in its February issue.

Although advertisements in supposedly reputable magazines and newspapers sometimes promise the Secret of Health by this or that single method, Mr. Tobey declares the truth is that perfect health cannot be achieved or maintained merely by attention to one phase of personal hygiene, such as exercise or diet or mental suggestion.

In the same papers one may discover advertisements of how to make huge amounts by investing in oil stocks; one may find an opportunity to get, at a price, the secret of personality; one may ascertain that by purchasing certain cosmetics beauty will descend immediately on the buyer, and one may notice other alluring offers, all of which involve the investment of a stated sum.

Most intelligent persons know enough to peruse these optimistic announcements with a grain or two of salt and to put down the superlatives to trade extravagances.



LIBRARIAN HYGIENIC,  
LABORATORY,  
25TH & EAST STREET,  
WASHINGTON, D.C.



HUMAN LIFE IS THE STATE'S GREATEST ASSET



# HEALTH NOTES

OFFICIAL BULLETIN  
PUBLISHED MONTHLY BY THE  
**STATE BOARD OF HEALTH**

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VOL. 18

APRIL, 1926

No. 4

Edited by  
**STEWART G. THOMPSON, D. P. H.**  
Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

**B. L. ARMS, M. D., STATE HEALTH OFFICER**  
Jacksonville

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†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

## ADMINISTRATION

B. L. Arms, M. D., State Health Officer

## REPORTS

Reports are valuable but are more valuable when accurate and complete.

We have been passing through an outbreak of smallpox that was widespread and our gauge was the cases reported.

Each week in Public Health Reports, the publication of the United States Public Health Service, at the head of the table entitled, Prevalence of Disease, and which gives a list of the states reporting for that week is this caption, "No health department, state or local, can efficiently prevent or control disease without knowledge of when, where and under what conditions cases are occurring."

Most of the cities of Florida have been reporting their cases and thus have given us the opportunity to assist them and to better understand the problem. There have been a few however, that have not reported or have reported but a fraction of their known cases. For instance, one city that had reported less than a half dozen cases to the Bureau of Vital Statistics has had over forty cases according to a personal letter from the city physician. Another city from which not a case has been reported has had about twenty as reported from a reliable source, and still another city reporting less than ten cases has had nearly forty.

Unless the cases are made known it is very hard to stimulate vaccination properly and the only way we can stamp out smallpox is by vaccination.

We trust Florida will not have added to the mild strain of smallpox the virulent strain now present in California, but you can never tell when it may be introduced.

The weekly bulletin of the California State Board of Health, February 27, 1926, under the caption, Vaccination Only, Will Control Smallpox says, "From January 2, 1926, to February 20, 1926, there have been reported to the California State Board of Health 964 cases of smallpox, 86 of which are known to have resulted in death. These facts show that we are not dealing with the mild variety of smallpox that has been prevalent for several years in the west, middle west and southern states. We now have here a severe and rapidly fatal form of this disease, the type that distinguished sharp outbreaks recently in Kansas City, Denver, Detroit, Minneapolis, Salt Lake City, Toledo and some of the Canadian cities. It is the kind of smallpox that brings a case fatality rate of approximately 25 per cent in the communities where it occurs in sharp outbreaks."

Let us all cooperate and vaccinate and thus make Florida a state where there can be no chance for smallpox to spread.

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May 5th-6th, St. Augustine, Florida, Anti-Mosquito Meeting.

## ADMINISTRATION—(Continued)

FLORIDA MAN HIDES TO AVOID VACCINATION—  
CONTRACTS SMALLPOX

A striking example has just been reported by a local health officer in Florida regarding a man who ran away to avoid vaccination while a large group of employees were being vaccinated. Some time later he developed smallpox. A complete record of the local health officer's report is as follows:

.....Fla., March 25, 1926

Doctor B. L. Arms,  
State Health Officer,  
Jacksonville, Fla.  
Dear Doctor Arms:

For fear the most recent case of smallpox.....  
(white) of....., Fla., was not promptly reported, I am writing you concerning the same. This patient brought a colored man broken out with smallpox, from a sawmill about eight miles above..... City to....., on or about March 12th. At the time the others in that vicinity were vaccinated, he hid out and paid no attention to the warning to be vaccinated. He took fever on the 16th and was seen by Dr..... of..... on the 18th, and by me on the 19th and was placed in isolation, but the case was not fully developed until the 20th.

The unfortunate part about this case is, that this young man lives in a thickly settled village just south and within the city limits of..... Despite the urging for everybody to be vaccinated, who are not already protected, it is feared that other cases may develop in this vicinity. However, this matter is being carefully followed up with the view of preventing its spread.

Yours sincerely,

.....  
County Health Officer.

.....  
Sixty-eight thousand doses of vaccine were sent out by the State Board of Health Laboratory in February. Fourteen thousand people were vaccinated by the Medical Officers, who also induced many to go to their own physician for vaccination.

## RABIES VACCINE FOR HUMAN USE

The Semple treatments consist of the 14 day treatment at Thirteen Dollars and Fifty Cents. Treatments will be furnished free when the physician certifies that the patient is indigent and that he is receiving no pay for the administration.



**BUREAU OF COMMUNICABLE DISEASES****F. A. Brink, M. D., Director****WHY DIPHTHERIA**

The danger to any individual or community from diphtheria can now be eliminated with practically the same certainty as that from smallpox and usually with even less inconvenience to the individual. Although there were in Florida 90 deaths from diphtheria in 1924 and about 80 during 1925, and although the majority of children thus taken off were under 5 years of age, there was much less excitement over this than there has been over the prevalence of smallpox, which, up to March 13th took two lives out of 1279 cases reported. Probably every one of these 1279 persons would have preferred vaccination to smallpox. How much wiser would it be, then, to have the family physician give the toxin-antitoxin treatment to the children before they reach school age and preferably before they are 9 months old. It is least troublesome at this time and the protection then covers the period of life when the danger from diphtheria is greatest. There are three injections and they are given at weekly intervals. Is not this better than take a chance on putting the little treasure away in the cemetery? You do not have to pay for all the careful labor and study that was necessary to devise a safe method of protecting your child, you do not even have to pay for the material—that is furnished by the State Board of Health to your doctor and you have but to compensate him for administering it.

In New York City more than 2000 babies were given "a full mans dose" each of toxin-antitoxin when they were three days old and not one of them suffered the slightest harm.

If your children have reached school age without being immunized a large percent of them will be naturally immune and not in need of the three injections. School children should therefore have the Schick test and only those treated who are found to be susceptible.

Antitoxin does not save every child who has diphtheria; sometimes the doctor is not called soon enough, sometimes the antitoxin is not at hand. During 1925 in Ohio diphtheria killed one child out of every 13 that had it. Toxin-antitoxin would have saved all of the 170 children who died from diphtheria in Florida during the last two years, had it been given at the right time.

Immunity from diphtheria once established, probably lasts through life.

The State Board of Health, Bureau of Communicable Diseases will, upon request from responsible parties in a community arrange to give the Schick test to children whose parents desire it and immunize those found susceptible.

Diphtheria attacks the throat, nose and windpipe, produces sore throat and hoarseness (croup or croupy cough). The poison spreads through the system and may cause death. Take no chance with sore throat but call a doctor. In positive or suspected cases of diphtheria give antitoxin early and in large doses.

**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

A sick child should be kept by itself in a separate room and no one admitted except those who must wait upon the patient. All dishes and discharges should be disinfected before removal from the sick room. Children who have been exposed should be watched carefully for the first signs of illness so that treatment may be started in time.

---

**HATS OFF TO CALLAHAN**

Other towns may be as well vaccinated as Callahan but it is very doubtful if there is a community in Florida with a higher percent of its people immunized. Immediately it became known that a case of smallpox had appeared in the vicinity the town council met, the marshal was directed to call the State Board of Health and within four days more than 600 persons were vaccinated. This is believed to be nearly 100 percent of the people in the community and it is safe to predict that smallpox will not spread there.

Dr. L. L. Dozier, recently with the Richmond County, Georgia Health Department, reported March 15th to begin work as Medical Officer in the Tallahassee district.

A full authorized personnel of the bureau is now in the field and it would be difficult to find a better group of health workers anywhere.

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**BUREAU OF DIAGNOSTIC LABORATORIES**

**James R. Bean, M. D., D. P. H., Director.**

**THE SEMPLE METHOD OF TREATING RABIES**

The advantages of the fourteen-dose Semple Method of antirabic treatment are:

1. It can be completed within the average incubation period of the disease, and thus offers a good opportunity for the early development of immunity.
2. The entire treatment is available at one time, thus eliminating the necessity for waiting for subsequent doses to arrive which often causes anxiety on the part of the patient.
3. Only one dose is given per day; hence the minimum time is consumed by the physician in administering the treatment.
4. All doses are alike, thus eliminating any possible confusion concerning the order in which the doses should be given.

**RABIES VACCINE LEDERLE  
(SEMPLÉ METHOD)**

The vaccine consists of a 4 per cent killed, phenolized fixed rabies virus. All doses are alike. The amount and strength of the virus is the same in each of the 14 doses. One dose is given daily for fourteen days. It is not necessary for the intervals between doses to be exactly 24 hours, for the time of day for the injections can be arranged to suit the convenience of the patient and physician. Children are treated with the same dosage as adults.

**BUREAU OF DIAGNOSTIC LABORATORIES—(Cont.)****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF FEBRUARY, 1926**

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites .....	1564	542	1064	51	536	3757
Diphtheria .....	435	167	28	245	29	904
Typhoid .....	138	113	16	19	6	292
Malaria .....	170	108	17	19	26	340
Rabies .....	22	4	.....	10	.....	36
Tuberculosis .....	185	94	35	31	11	356
Gonorrhoea .....	293	144	15	80	8	540
Syphilis .....	1797	657	.....	236	.....	2690
Water: Bact. Exam.....	.....	29	.....	50	.....	79
Water: Chem. Exam.....	.....	.....	.....	148	.....	148
Milk: Bact. Exam.....	1	1	37	175	4	218
Milk: Chem. Exam.....	1	1	37	352	4	395
Miscellaneous: .....	43	17	1	41	7	109
	<u>4649</u>	<u>1877</u>	<u>1250</u>	<u>1457</u>	<u>631</u>	<u>9864</u>

Specimen Containers Distributed During February, 1926.....5864

**BIOLOGICAL PRODUCTS SENT OUT DURING FEBRUARY, 1926**

Diphtheria Antitoxin.....	10,000 units	181 Packages
	5,000 units	54 Packages
Toxin Antitoxin.....	.....	1164 c.c.
Schick Material.....	.....	800 Doses
Typho Bacterin.....	PLAIN	319 Packages
	TRIPLE	291 Packages
Tetanus Antitoxin.....	20,000 units	13 Packages
	10,000 units	5 Packages
	5,000 units	878 Packages
	1,500 units	1 Package
Antimeningococcus Serum.....	.....	17 Cylinders
Vaccine Virus.....	.....	68,452 Points
Antirabic Virus.....	.....	40 Treatments

Carbon Tetrachloride.....2,257 Capsules

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**

**CHILD WELFARE AND PUBLIC HEALTH NURSING**

**Mrs. Laurie Jean Reid, R. N., Director**

**PLAN FOR COMMUNITY INVENTORY**

A desirable feature would be to hold a dinner or a mass meeting following May Day to which there would be invited the Health Officer of the community, the Superintendent of schools, the President of the local medical society and the Public Health Nurses, these individuals being asked to render a report dealing with a Child Health Inventory. Notification should be given some time in advance so that the Health Officer and the others would be in a position to prepare the material asked for.

There is an advantage in having the annual inventory related to May Day, the facts called for dealing with the preceding year ending May first or a few days immediately preceding it, according to the nature of the data requested.

The Health Officer should be asked to prepare or cooperate in preparing answers to the following questions:

**CHILD HEALTH INVENTORY**

1. What is the condition of the public water supply?
2. What per cent of our total milk supply is pasturized?
3. In the twelve months ending May first, how many cases of tuberculosis have been officially reported, and how many deaths from from this cause have been officially reported?
4. How many babies have been born in the last twelve months as shown by the official records?
5. How many babies under one year of age have died in the preceding twelve months, according to official records?
6. In the preceding twelve months, how many children under fifteen years of age have died of whooping cough?
7. In the preceding twelve months, how many children under fifteen years of age have died of scarlet fever?
8. In the preceding twelve months, how many children under fifteen years of age have died of measles?
9. In the preceding twelve months, how many children under fifteen years of age have died of diphtheria?

From the Superintendent of school or the Public Health Nurse, the following report should be asked:

1. What per cent of the total school population have visited a dentist in the past year?
2. On a test day of the preceding week, what per cent of the school population drank a pint or more of milk on the day preceding the test?
3. What percent of the school population, as judged by a survey during the previous month, show a successful vaccination scar?
4. On a test day of the preceding week, what per cent of the total fifth grade children had ten or more hours sleep on the previous night?



**CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)**

5. The name of the person who has been placed in charge of the health education work in the schools.

6. Of the total number of schools under my jurisdiction or supervision, namely..... the number with adequate safeguards against fire is.....

From the President of the local medical society or Public Health Nurse, should be received a report covering points such as:

1. In the preceding twelve months, how many children between the ages of two and five inclusive have been immunized against diphtheria with toxin-antitoxin?

2. In the preceding twelve months, how many children under fifteen have received a complete medical examination?

This report should be forwarded by the local committee to the state chairman for study and comparison and for publicity of the results, along with report of May Day Festival program.

Conditions in Urban and Rural Communities which need

COMMUNITY CONTROL

PUBLIC HEALTH SUPERVISION

EDUCATIONAL AND RECREATIONAL SUPERVISION

Care of Crippled Children.

Community Health Programs.

Clinics: Dental, Mental hygiene, Well Baby.

Day Nurseries.

Health Education for Parents.

Mother Study Clubs.

Nurses, Public Health, Obstetrical.

Preventive Measures against Diseases and Epidemics.

Reduction of maternal mortality rate.

Reduction of infant mortality rate by pasteurization of milk.

Sanitation, Milk Supply, Water Supply.

All Children Weighed and Measured.

All Physical Defects Corrected.

Education in Health Habits.

Nutrition Classes.

More Fresh Air Camps, More Gymnasiums, More Open Air Schools, More Playgrounds, More Streets, More School Nurses and Physicians.

NOTE: For information regarding any of the above conditions, write to the Executive Office, State Board of Health, Jacksonville, Fla.

**BUREAU OF ENGINEERING****Ellsworth L. Filby, C. E., Chief Engineer**

**KEEP EVERLASTINGLY AT IT**—The motto of the Florida Anti-Mosquito Association was evolved by the former Chief of the Bureau of Engineering, and it means just what it says. The time to start on mosquito control is **NOW**—the time to quit is when Gabriel blows his golden trumpet. In the meantime we should follow the lad with the seven year itch—**KEEP EVERLASTINGLY AT IT ! !**

The writer wants to say Howdy to every one in Florida who is interested in mosquito control at St. Augustine on May 5th and 6th. President MacDonell has been emulating her well known enemy, Mrs. Quadrimaculatus Mosquito by stinging us on to action and inoculating us with the spirit of determination. Most of us so inoculated will gather at her call at St. Augustine and it is hoped that at that time these cells will burst and others become inoculated with that spirit of action and determination that keeps us going in face of untold odds in our fight to rid Florida of the disease transmitting and pestiferous mosquito. **KEEP EVERLASTINGLY AT IT.**

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**FOURTH ANNUAL MEETING OF THE FLORIDA ANTI MOSQUITO ASSOCIATION, ST. AUGUSTINE, MAY 5th AND 6th.**

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Your dues are paid! Paid in full and in advance ! ! Welcome words—the meeting is open to all, free, no tax, collection, dues or assessments, all we want is your presence. **BE THERE.** Mark that calendar now! See the Powers that be and fix things. If necessary we will officially request your presence. Come on for the good of the Association; for your own personal good, for the good of your city ! ! And bring a friend too, to St. Augustine on May 5th and 6th. **FLORIDA ANTI MOSQUITO ASSOCIATION.**

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“Eventually—Why not Now?” Get in on this fight. It's a necessity for comfortable living in Florida during the summer. Try it for “That Tired Feeling”, see how many breeding places you can find in the block you live in. Remember a mosquito has to have standing water to breed in. It will be “99 44/100 Pure” luck if your soft water barrel or tin can pile doesn't breed mosquitoes if it holds water for five days. “Roll your own” so it won't hold water. “Ask The Man Who Owns One”, if his gold fish or lily pond is breeding mosquitoes. To have done your bit in keeping your neighborhood free of these pests and to have gotten others interested—believe me, “It Satisfies” ! ! Ladies, you want to “Keep that School Girl Complexion”, so keep scraping “All along the line”. Remember if you have mosquitoes you will not be able to say that “The Skin you Love to Touch”, “Hasn't been Scratched Yet”. Day and night, **Keep Up The Fight.** Then when it is “Time to Retire”, one can “Rest in Peace”. “There's a Reason”—be at St. Augustine, May 5th and 6th.

**BUREAU OF VITAL STATISTICS****Stewart G. Thompson, D. P. H., Director****RESIDENT OR NON-RESIDENT?**

The crude death rates of many cities and towns are in excess of the true death rates of these places owing to the inclusion of deaths of non-residents in the computation of their rates. The ruling of the Bureau of the Census as to residents and non-residents should be followed in marking death certificates in order that the Florida records may be comparable with the records in other cities and states. It is therefore, important that we secure complete data regarding the residence—ie: "usual place of abode" of each decedent in order that beside the crude rate of each locality, another rate corrected for deaths of non-residents may be established.

To obtain complete data, it is absolutely necessary that every death certificate of a non-resident shall show the usual place of abode immediately after the name of the decedent. The residence—ie: "usual place of abode" should be shown under question (a) following the **full name** of the decedent on the death certificate.

The definition of resident and non-residents will be found in the following instructions as given out by the Bureau of the Census:

"RESIDENCE refers to 'usual place of abode'. As a rule the 'usual place of abode' is the place where a person **REGULARLY** sleeps.

**"NON-RESIDENTS THEREFORE INCLUDE****"PERSONS** visiting a town.**"TRANSIENT BOARDERS** or **LODGERS** who have some other usual or permanent place of abode.**"STUDENTS** and children living or boarding in towns in order to attend some school or college, but not regarding the place as their home.**"SERVANTS** or other persons working in town but not sleeping there.**"DECISION FOR SPECIAL CASES:**

"(a) Soldiers, sailors, marines, and civilian employees of the United States are treated as resident at the place where they regularly sleep. For example, employees in the government offices in Washington who regularly sleep in Washington are treated as resident at Washington even though they may have 'legal residence' elsewhere.

"(b) Any person who was formerly a resident of the town, but has since become an inmate of an **OUT OF TOWN** asylum, almshouse, home for the aged, reformatory or prison, is treated as resident at the town in which the asylum or prison is located.

"(c) Persons having an unknown residence should be treated exactly as those having no permanent place of abode and should be counted as residents of the place in which they die.

"(d) Inmates of medical or surgical hospitals are usually there only for temporary treatment and are, therefore, treated as resident at their home towns."

**BUREAU OF VITAL STATISTICS—(Continued)**

The basis for death rates is the population and the rules governing the enumeration should be adhered to in showing the residence on death certificates. I am, therefore, listing below, a few rules which were in force at the time the 1920 census was taken. These rules should govern when showing "residence" on death certificates.

**"45. Usual place of abode.** The law provides that all persons shall be enumerated at their 'usual place of abode' on January 1, 1920. This means the place where they may be said to **live** or **belong**, or the place which is their **home**.

**"46.** As a rule the usual place of abode is the place where a person regularly sleeps. Note, however, that where a man happens to sleep at the time of enumeration may not be the place where he regularly sleeps, as more fully explained below.

**"47. Residents absent on census day.** There will be a certain number of persons having their usual place of abode in your district who are absent at the time of enumeration. These you must include and enumerate, obtaining the facts regarding them from their families, relatives, acquaintances, or other persons able to give the information. Thus if a member of any family in your district is temporarily away from home on a visit, or on business, or traveling for pleasure, or attending school or college, or sick in a hospital, such absent person should be enumerated and included with the other members of the family. But a son or daughter permanently located elsewhere should not be included with the family.

**"49. Classes not to be enumerated in your district.** There will be, on the other hand, a certain number of persons present and perhaps lodging and sleeping in your district at the time of the enumeration who do not have their usual place of abode there. These you should not enumerate unless it is practically certain that they will not be enumerated anywhere else. As a rule, therefore, you should not enumerate or include with the members of the family you are enumerating any of the following classes:

1. Persons visiting with this family.
2. Transient boarders or lodgers who have some other usual or permanent place of abode.
3. Students or children living or boarding with their family in order to attend some school, college, or other educational institution in the locality, but not regarding the place as their home.
4. Persons who take their meals with this family, but sleep or lodge elsewhere.
5. Servants, apprentices, or others employed by this family and working in the house or on the premises, but not sleeping there; or
6. Any person who was formerly in this family, but has since become an inmate of an asylum, almshouse, home for aged, reformatory, prison, or other institution in which the inmates may remain for long periods of time.



**BUREAU OF VITAL STATISTICS—(Continued)**

"50. Such persons will, with occasional exceptions, be enumerated elsewhere, at their homes or usual places of abode, which in some cases may be in your district, but more often will be in other localities.

"52. **Servants.** Servants, laborers, or other employees who live with the family and sleep in the same house or on the premises should be enumerated with the family.

"53. **Boarders and lodgers.** Boarders (that is, persons eating and sleeping at the same place) or lodgers should be enumerated at the place where they are rooming or lodging, if they are there permanently or for reasons of a permanent nature—for instance, if this is their usual place of abode while carrying on their regular occupation or business.

"54. On the other hand, **transient boarders or lodgers**, at hotels or elsewhere, should not be enumerated at their temporary rooming or lodging place unless it is practically certain that they will not be enumerated anywhere else. This refers to persons rooming or lodging for a short time at a hotel or boarding or lodging house, or with a private family while temporarily absent from their usual places of abode.

"55. But transient boarders or lodgers who have no permanent home or usual place of abode should be enumerated where they happen to be stopping at the time of the census. This applies in particular to lodgers in cheap one-night lodging houses who, for the most part, represent a floating population, having no permanent homes.

"56. **Construction camps.** Members of railroad, canal, or other construction camps, convict camps, state farms worked by convicts, road camps, or other places which have shifting populations, composed of persons with no fixed places of abode, should be enumerated where found, except in so far as certain members of such camps may have some other usual place of abode where they are likely to be returned for enumeration or the camp itself may already have been enumerated in some other district.

"57. **Students at school or college.** If there is a school, college, or other educational institution in your district which has students from outside your district, you should enumerate only those students who have their homes or regular places of abode in your district. (See paragraphs 47 and 49).

"58. **Inmates of medical or surgical hospitals.** Most inmates of medical or surgical hospitals are there only for temporary treatment and have other regular places of abode. Therefore you should not report as a resident of the hospital any patient unless he claims to have no other place of abode from which he is likely to be reported.

"59. **Inmates of prisons, asylums, and institutions other than hospitals.** If there is within your district a prison, reformatory, or jail, an almshouse, an asylum or home (sometimes called hospital) for the insane, orphans, blind, deaf, incurable, or feeble-minded, a soldiers' home, a home for the aged, or any similar institution in which inmates

**BUREAU OF VITAL STATISTICS—(Continued)**

usually remain for long periods of time, all the inmates of such an institution should be enumerated as of your district. It is to be especially noted that in case of jails the prisoners should be there enumerated however short the term of sentence.

"61. **Persons engaged in railway service or traveling.** Railroad men, canal men, expressmen, railway mail clerks, sailors on merchant ships, traveling salesmen, and the like, usually have homes to which they return at intervals and which constitute their usual place of abode within the meaning of the census act. Therefore any such persons who may be in your district temporarily on January 1st, 1920, are not to be enumerated by you unless they claim to have no other regular place of abode within the United States. But if their homes are in your district, they should be enumerated there, even though absent on January 1, 1920. Sailors on voyages are to be reported at their land homes, no matter how long they have been absent, if they are supposed to be still alive.

"63. **Citizens abroad at time of the enumeration.** Any citizen of the United States who is a member of a family living in your district, but abroad temporarily at the time of the enumeration, should be enumerated as of your district. It does not matter how long the absence abroad is continued, provided the person intends to return to the United States. This instruction applies only to citizens of the United States and not to aliens who have left this country, as nothing definite can be known as to whether such aliens intend to return.

**NEW REGISTRARS APPOINTED**

Number	Name	Address
6-05	Mr. R. C. Taylor.....	City Bldg., Hollywood, Fla.
20-03	Miss Ivah Beasley.....	Ponce de Leon, Fla.
23-01	Mr. M. H. Silas.....	Mayo, Fla.
47-117	Mr. M. H. Silas.....	Mayo, Fla.
57-01	Mr. Lloyd Farnam.....	Moore Haven, Fla.
1-05	Mrs. Belle Dailey.....	Micanopy, Fla.
6-03	Mr. T. E. Raines.....	Box 91, Pompano, Fla.
11-06	Mrs. W. M. Mathews.....	Box 142, Ojus, Fla.
11-08	Mr. O. A. Roberts.....	Box 152, Hialeah, Fla.
14-057	Mrs. M. M. McCall.....	Rt. A Box 76, Cantonment, Fla.
20-03	Miss Alma Kennedy.....	Ponce de Leon, Fla.
20-017	Mrs. M. N. Bush.....	Westville, Fla.
40-05	Mr. E. S. Whidden.....	Mulberry, Fla.
40-07	Dr. A. T. Eide.....	Haines City, Fla.

A little girl who had recently had diphtheria concluded her prayer, according to the Boston Transcript, by blessing Auntie Betty, Auntie Grace and Auntie Toxin.

May 5th-6th, St. Augustine, Florida, Anti-Mosquito Meeting.

**BUREAU OF VITAL STATISTICS—(Continued)****DOES YOUR RESIDENCE CHANGE THE RECORD?**

Reliable information should be given on every death certificate indicating resident or non-resident. Immediately under the name of the decedent, the residence should be shown, name of city and name of state. Do you know how to classify a resident? Full information is given on page 55. Local registrars, undertakers, physicians and others having to do with the filing of death certificates should note carefully.

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**BODY CREMATED IN FLORIDA**

Mr. Cary Hand, Mortician of Orlando, Florida is now equipped to cremate the remains of deceased when requested. This venture of Mr. Hand is significant of the progress being made in this state. The first body was cremated about the middle of March and from the reports, the work was very satisfactory. Mr. Hand stated recently that any work entrusted to him would be handled in a sacred manner.

The Editor has made some inquiry as to the nearest crematory, and has been advised that Washington, D. C. or Cincinnati, Ohio has the nearest crematories to the one that has just been opened at Orlando.

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**HEALTH NUGGETS**

What a blessing (?) is "Flu," that diagnostic blanket under which so much ignorance may hide. Now comes "Flu with pimples." A peculiarity noticed in this affection is that it never occurs in any one who has been successfully vaccinated within the previous five years. Make it a rule to see every "Flu" case on the fourth day of his illness and you decide what the "pimples" are.—Ohio Health News.

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It is fine to have the things that money will buy, provided we don't lose the things which money cannot buy.

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Every fire was once a little fire. Every illness has a beginning. Stop the little fires and the little ills before they become a conflagration.—N. Carolina Health Bulletin.

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**IMPORTANT!**

Change of local address should be sent promptly to the Editor, Box 135. If your local address is not shown correctly on our mailing list, please notify us at once, using the following blank to show change.

Full Name.....Street No.....

City.....State.....

## Are YOUR Children Protected?



Consult Your Doctor at Once  
 WASHINGTON, D. C.  
 Delays Are Dangerous  
 25TH & EAST ST.  
 LABORATORY,  
 LIBRARIAN HYGIENIC.



HUMAN LIFE IS THE STATE'S GREATEST ASSET

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# HEALTH NOTES

OFFICIAL BULLETIN  
PUBLISHED MONTHLY BY THE

## STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921  
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

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VOL. 18

MAY, 1926

No. 5

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Edited by  
STEWART G. THOMPSON, D. P. H.  
Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

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**B. L. ARMS, M. D., STATE HEALTH OFFICER**

Jacksonville

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†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

## ADMINISTRATION

### B. L. Arms, M. D., State Health Officer

In conjunction with the American Child Health Association practically all State Health Departments are observing the first week of May as Child Health Week.

May first is celebrated as Child Health Day and the program for that day includes features that appeal especially to them.

In Florida, this year, the week's program is also combined with a safety program in cooperation with the motor clubs of the State.

There are altogether too many lives needlessly lost each year and this year's program will focus attention on this subject, and it is wise to call the attention of the parents to this fact that they may throw additional safeguards around their children.

In 1924 there were in Florida 174 deaths of children caused by accidents and of this number 89 were less than five years of age, and of this latter group over half (47) were the result of burns and scalds.

At the present time there are some of the acute infectious diseases that take their toll of lives that can be easily and completely avoided, and surely our children are entitled to protection from any needless infection.

Diphtheria has now joined the smallpox class for no one need have this disease, and if our children contract diphtheria we are responsible each of us for our own children, for the State Board of Health offers to all the means of preventing it.

Is it not worth while to take advantage of this offer before it is too late?

Children under six years are more susceptible to diphtheria than older ones and all from six months to six years should be immunized by the use of toxin antitoxin, then, to be sure that they are protected, they should be given a test to see if they are immune as a small percentage fail to develop immunity with a single round of treatment.

For older children there is a test by which we can determine which ones need this treatment but below six such a large percentage are susceptible that the preliminary test is not advised.

Lest some may feel that smallpox is not a fatal disease let me emphasize the fact that one city in the United States has reported in the ten weeks ending April 3, one hundred and fifteen deaths from smallpox.

We do not know when this virulent strain of infection may be introduced into our State but we do know that smallpox is a disease that no one need have, for vaccination and revaccination will absolutely prevent it and this is the only procedure that will stamp it out.

Our child is protected against both these diseases. Are Yours?

While the first week of May is especially named, let us remember that we should keep up the work throughout the entire year and thus have a good report of progress for 1927 May Day.

**BUREAU OF DIAGNOSTIC LABORATORIES****James R. Bean, M. D., D. P. H., Director****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE MONTH  
OF MARCH, 1926**

	Jackson- ville	Tampa	Pensa- cola	Miami	Talla- hassee	Total
Animal Parasites .....	1740	935	123	77	654	3529
Diphtheria ... ..	353	116	13	334	72	888
Typhoid ... ..	111	147	19	31	7	315
Malaria ... ..	164	135	18	32	25	374
Rabies ... ..	17	11	.....	6	.....	34
Tuberculosis ... ..	227	87	15	49	11	389
Gonorrhoea ... ..	312	143	13	112	11	591
Syphilis ... ..	2014	720	.....	396	.....	3130
Water: Bact. Ex.....	.....	33	.....	52	.....	85
Water: Chem. Ex.....	.....	.....	.....	159	.....	159
Milk: Bact. Ex.....	29	6	5	240	7	287
Milk: Chem. Ex.....	30	6	10	482	7	535
Miscellaneous: .....	49	6	33	154	5	247
	<u>5046</u>	<u>2345</u>	<u>249</u>	<u>2124</u>	<u>799</u>	<u>10563</u>

Specimen Containers Distributed.....12199

**BIOLOGICAL PRODUCTS DISTRIBUTED DURING MARCH, 1926**

Diphtheria Antitoxin.....	10,000 units	170 Packages
	5,000 units	76 Packages
Toxin Antitoxin.....		7026 c.c.
Schick Material.....		7352 Tests
Tetanus Antitoxin.....	20,000 units	7 Packages
	10,000 units	10 Packages
	1,500 units	2072 Packages
Typho Bacterin.....	PLAIN	284 Packages
	TRIPLE	128 Packages
Antimeningococcus Serum.....		6 Cylinders
Vaccine Virus.....		59,637 Points
Antirabic Virus.....		43 Treatments
<hr/>		
Carbon Tetrachloride.....		3802 Capsules

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**

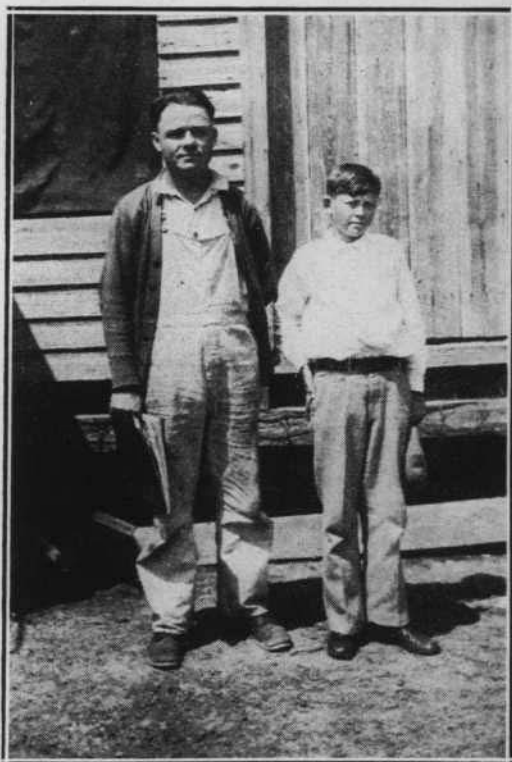


**BUREAU OF COMMUNICABLE DISEASES**

**F. A. Brink, M. D., Director**

**HOOKWORM DISEASE  
EASY TO CURE  
EASY TO PREVENT**

~~~~~  
Adult hookworms, natural size.



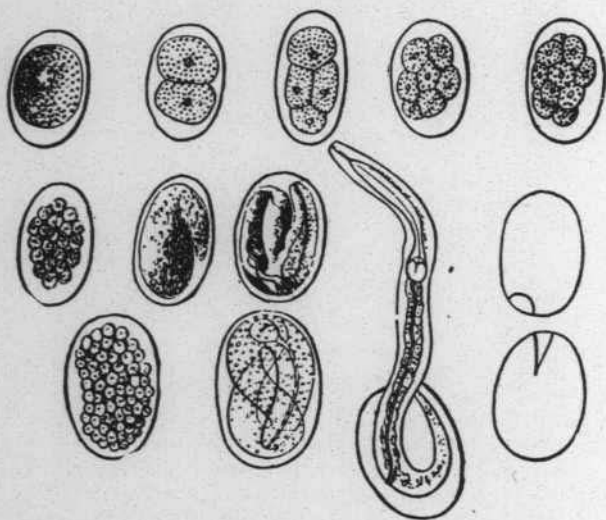
These young men were reared in Florida. There is about one years difference in their ages. One was stunted by hookworm.

— F. H. N. —

The hookworm article appearing in this issue of Health Notes will be reprinted in bulletin form for general distribution on request.

**BUREAU OF COMMUNICABLE DISEASES—(Continued)****LIFE HISTORY OF HOOKWORM**

The hookworm is a blood sucking parasite that lives in the human intestine (bowel) and consumes daily many times its weight of blood. These worms may live for years in the bowel and each day the females produce many eggs which mingle and pass from the body with the intestinal contents. If the host (person having hookworms) uses an open back surface privy or otherwise deposits his body wastes on the ground, the eggs, which are too small to be seen without the aid of a microscope, will hatch in a few days and from them will emerge baby hookworms also too small to be seen. The baby worms grow for a time in the top soil and if anyone gets this contaminated soil on the bare skin of the feet or any part of the body the baby worms, still too small to be seen, enter through the pores and travel in a round-about way, through the lymphatics, blood stream, lungs, throat and stomach to the intestines, where they grow to maturity, add their output of eggs to the intestinal contents and suck blood from the lining of the intestines.



Development of young hookworms from eggs.

Because hookworms are blood suckers a child may have a sufficient number to use up blood faster than the little body can manufacture it. He then become pale from the anemia (lack of blood) thus produced, his body functions are retarded, he grows but slowly, gets out of breath easily, is listless and dull, backward in school and takes but little interest in the usual games of childhood.

**HOW TO KNOW WHETHER A CHILD HAS HOOKWORMS**

Any child that looks pale or listless, retarded in growth, has gone

**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

barefoot on polluted ground or whose brother, sister, playmate or schoolmate has hookworms may be SUSPECTED of having hookworms. There is but one way to KNOW for a certainty and that is to have a sample of the bowel action examined under the microscope by a competent laboratory worker. If hookworm eggs are found it is certain that the person, from whom the specimen was sent, has hookworms.

Specimen containers may be had by applying to the nearest State Board of Health Laboratory and there is no charge for the container or the examination.

**THE CURE**

All persons who have hookworms should take treatment. The drug now recommended by the State Board of Health and most commonly used is carbon tetrachloride. It is easy to take, relatively safe and furnished free to doctors. It should be given only under the doctor's direction.

**PREVENTION IS MOST IMPORTANT**

If the first paragraph of this bulletin has been read and understood, it should be clear to the reader that hookworm disease may be prevented by preventing contamination of the soil with human excrement and this is to be done by building a sanitary outhouse, giving it enough attention to keep it in good order and having all members of the household use it at all times. Every home and every school or other public building should have some kind of sanitary privy. When soil pollution stops, hookworm disease will die out. Until then, many children will be stunted in youth and handicapped through life.

**BE FAIR TO THE BOYS AND GIRLS: GIVE THEM A CHANCE  
CONSTRUCT A SANITARY PRIVY AT ONCE**

**THE SANITARY PRIVY**

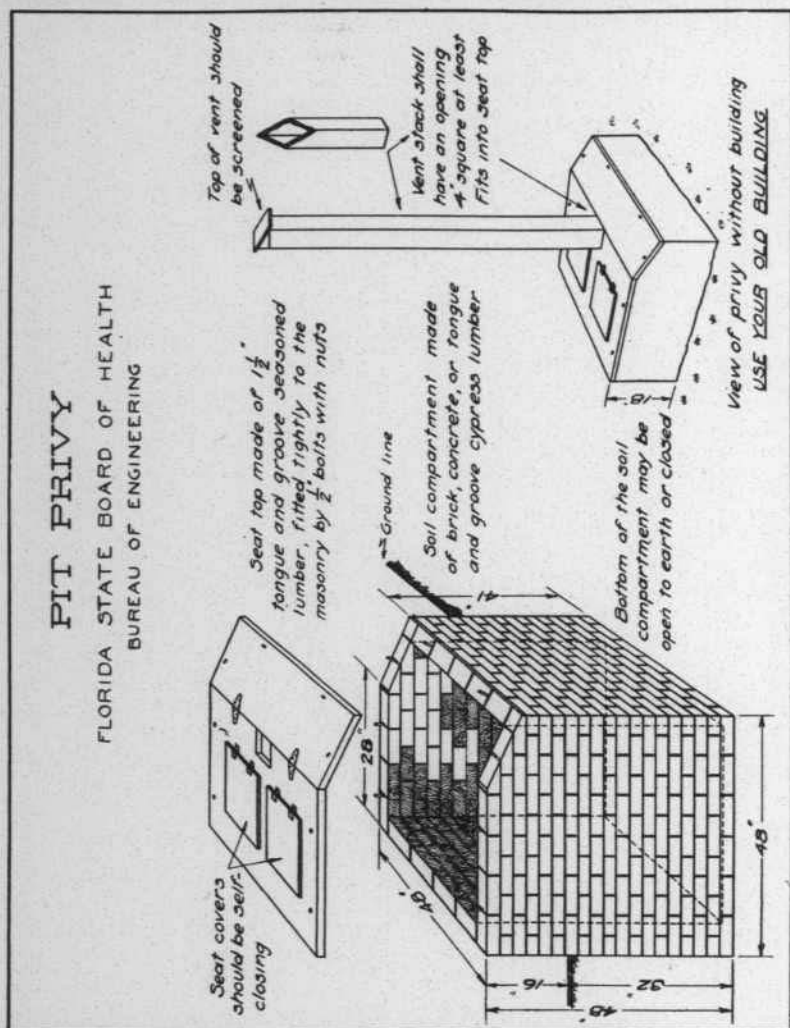
The pit privy is well suited for rural homes, particularly in sandy soil. The seat or pit compartment, which is the essential part of any privy, should be closed in all the way to the bottom of the pit and tight enough to exclude flies. Concrete or brick is best but lumber may be used if it is well seasoned and matched so that it will not shrink or warp so as to form openings that will admit flies. The life of the wooden pit is about two years. The pit should be approximately four feet long, two feet from front to back and twelve inches to twenty-six inches deep for an ordinary family but may be larger if many persons are to use the privy. The old building may be fitted to the new seat compartment.

Only toilet paper should be used. No bulky refuse or garbage should be deposited in the pit. Abused or overloaded pits will give trouble.

The privy should be at least fifty feet from the well.

Money and time spent in building and caring for a sanitary privy will be repaid many fold in good health and freedom from sickness, loss of time and expense.

## BUREAU OF COMMUNICABLE DISEASES—(Continued)



THE OPEN-BACK SURFACE CLOSET MUST GO.  
SOIL POLLUTION MUST STOP. EVERY MEMBER OF THE  
FAMILY MUST ALWAYS USE THE PRIVY.

THE SANITARY PRIVY  
PREVENTS HOOKWORM DISEASE,  
PREVENTS TYPHOID FEVER,  
PREVENTS BOWEL TROUBLE IN CHILDREN.  
MUST BE KEPT IN REPAIR,  
MUST BE CLEANED REGULARLY,  
WILL PAY DIVIDENDS.



**CHILD WELFARE AND PUBLIC HEALTH NURSING****Mrs. Laurie Jean Reid, R. N., Director****A COMMUNITY SAFETY PROGRAM**

In line with the celebration of May Day as Child Health Day is the plan to inaugurate A Community Safety Program which will focus attention upon the needless loss of child life from accidents. That safeguarding children from accidents is an important part of any Child Welfare program is a fact which the acuteness of the traffic situation has brought into sharp relief. It should be noted however that, while automobile accidents make up the largest single group, they constitute only about one fifth of the total number of fatal accidents to children, and therefore any well rounded program of accident prevention must take into account a number of other factors. The following figures for the year of 1924 are a very good index to the situation in Florida, and show the relative importance of the principal causes of accident fatalities according to age group:

**FATAL ACCIDENTS TO CHILDREN IN FLORIDA FOR 1924**

| Type of Accident           | Under 15 Years | Under 5 Years |
|----------------------------|----------------|---------------|
| All accidents .....        | 174            | 89            |
| Conflagrations ..          | 6              | 5             |
| Falls ..                   | 15             | 10            |
| Automobile Accidents ..... | 31             | 10            |
| Burns and Scalds .....     | 59             | 47            |
| Railroad Accidents .....   | 5              | 2             |
| Drownings ..               | 28             | 7             |
| Asphyxiation by Gas.....   | 10             | 5             |
| Fire-Arms ..               | 20             | 3             |

A careful scrutiny of the above figures should not only be a matter of grave concern to parents, teachers, and City Officials, but should be the incentive for a safety program that should cover the entire year for every community in the State. In such a program should be incorporated as a very important item, the education of children in the traffic laws, and what to do in case of fire, both on the street and in buildings, and every child should be taught to swim and the younger the child the more easily they acquire the knowledge.

Every citizen should know the regulations of the health, fire and police departments, and insist on these regulations being carried out particularly where it means the lives of children.

**SUGGESTIONS FOR A SAFETY PROGRAM IN THE SCHOOLS**

1. Two-minute talks by older pupils on such topics as:
  - (a) How can we help safeguard the younger children?
  - (b) Why we should use the parks and playgrounds instead of the street for play.
  - (c) How to behave in a boat or canoe.
  - (d) Why everyone should learn to swim.
  - (e) A safe and happy Fourth of July.
  - (f)

**CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)**

What we can do to make our homes safe.

2. Address by an outsider, such as:

(a) Demonstration of traffic signals and talk on "How school children can help prevent street accidents," by a Traffic Officer. (b) Demonstration of how to turn in a fire-alarm, by representative of Fire Department. (c) General talk on accident by the Automobile Association.

3. Demonstration of life saving, "fire-man's left bandaging, prone pressure method of resuscitation, etc., by members of Boy or Girl Scouts or Campfire Girls.

**QUESTIONS FOR SCHOOL AUTHORITIES**

1. Are we giving adequate time and attention to safety education in our schools?

2. Are we keeping ourselves informed as to the best current practice in this field?

3. Are we giving our teachers the necessary material to work with?

4. How can we make our school safety program more effective?

**QUESTIONS FOR FATHERS AND MOTHERS**

1. Is our home a safe place in which to bring up our children? (Fire exits clear, railings, floors and stairways in good repair, poisonous substances, sharp knives, matches, etc., properly cared for, oily rags and inflammable rubbish disposed of, etc.)

2. Are we teaching our children to help us keep our home safe and happy?

3. Have we taught our children the elementary traffic rules which they must know in order to use the streets safely?

4. Have we shown our children how to do the things the right way, instead of always saying "Don't"?

**CLUB ACTIVITIES**

1. To create public opinion in favor of desirable safety measures.

2. To cooperate with public and private agencies which are carrying on safety activities.

3. To reach the homes of the community through the individual club members.

**MEANS**

1. Appointment of committees to study the local accident problem, to report findings to the group, and to advise appropriate action on the basis of such findings.

2. At least one meeting a year to be devoted to the safety problem.

3. Cooperation with school authorities in working out the safest routes for children to and from school, and seeing that children use the routes determined upon.

4. Supplying safety material in each public library.

**CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)**

5. Supplying safety material to the schools, if desired by school authorities.

6. Cooperating with playground and recreation groups to secure adequate play space.

**BIBLIOGRAPHY—FOR SCHOOLS**

(The following publications may be obtained from the Education Division, National Safety Council, 120 West 42nd Street, New York City):

The Present Status of Safety Education, Part 1. 1926 Yearbook of the National Society for the Study of Education.

An Introduction to Safety Education, and Manual for the Teacher. Junior Safety Council Handbook.

Safety Education, a magazine for teachers and pupils.

The Simple Family, a set of eight colored posters.

The Inner Meaning of the Safety Movement, by A. W. Whitney,

**GENERAL**

(The following publications may be obtained from the National Safety Council, 108 East Ohio street, Chicago, Ill.):

Public Accidents—A National Problem.

Conducting a Safety Education Week.

Safety-ize, a pamphlet on home accidents.

Safety Activities for Supervised Playgrounds.

Safety Calendar, 12 pictures in full color, each one a safety lesson.

— F. H. N. —

**HIGH COST OF BABY CARE**

Mathematicians have often attempted to estimate the cost of children, and of their care. It is a thing that cannot be counted in terms of money, says Hygeia.

Recently a different standard has been applied. The time given to the care of infants under 1 year by their mothers has been estimated and found to average five hours and seventeen minutes per day, for those studied.

Allowing the customary eight hours for work and adding nearly six hours for the care of the baby, there are many hours left to the mother for play. This must be taken into account when considering the nature and amount of work other than caring for the baby that may be included in her working day.

— F. H. N. —

**NAMES FOODS THAT HELP TO BUILD STRONG TEETH**

The condition of one's teeth depends on the amount of calcium in the diet during childhood and in the diet of the mother before birth, according to Hygeia. The teeth are formed chiefly of calcium.

Recent tests have been made with different diets. As a result, it has been found that milk, egg yolk, butter, animal and fish fats, especially cod liver oil, bring about the formation of good teeth, while cereals, when not eaten with vitamin foods and cod liver oil, do not give enough calcium to the teeth, so that they are likely to decay.

**BUREAU OF ENGINEERING****Ellsworth L. Filby, C. E., Chief Engineer****OBSERVATIONS HERE AND THERE****Tourists Camps—**

The last list of certified tourist camps contained 225 certified camps and to date we have nearly 240. While tourists are leaving Florida, the operators of the camps are planning for a bigger and better season starting about July first. The new camps going in are model camps and worthy of note in this bulletin but the list is too long. Suffice to say we received a request from Mt. Vernon, Kentucky, for information concerning our camps—their construction and operation. Tourists coming thru Kentucky had reported the health conditions and camps of Florida as ideal to the camp operator there.

Revised regulations allow only flush type toilets with disposal by city sewers or properly designed septic tanks have been passed by the Board at its last meeting in Pensacola. This further limits the kind of sanitary facilities permitted in our camps.

All summer long our camp inspection service will be kept up—this year there will be no let down for the summer months by camps closing down. We have had very few to "drop by the wayside." Business evidently is good in camps yet.

**School Sanitation—**

Complete sanitary surveys of the schools of Okaloosa and Walton counties have been made and practically 100% of the schools will reopen in the fall with safe pit privies of flush toilets. The well water supplies have been fixed by using deep well type pumps and concrete curbs to prevent back seepage. Capt. C. N. Hobbs, our West Florida representative has conducted the survey cooperating with the Home Demonstration forces of the two counties.

**Co-workers:**

It gives us great pleasure to announce that Jacksonville has joined the list of cities employing sanitary engineers on their health departments. Mr. Nelson N. Fuller who has been Assistant City Health Officer of Montclair, N. J. will be "on the job" by the time this bulletin gets to you.

The State Board of Health and the Engineering Department in particular, lost a most valuable worker on the first when Phillip C. McGouldrick, who was Assistant Engineer of the Board, with headquarters at West Palm Beach, resigned because of ill health. We are all hoping that "Mac" will be with us next fall after a sojourn in the Maine woods.

Filling the gap in our ranks, Mr. Paul H. Marner, Assistant Engineer of the New Hampshire State Board of Health has arrived in Jacksonville and will be on duty down the east coast by May first.

Haines City is stepping along and the need of public health has not been lost sight of as Dr. A. T. Eide has been appointed full time health commissioner and is actively engaged in his duties.

Madison has come along recently in health work under Dr.



**BUREAU OF ENGINEERING—(Continued)**

Eustace Long, and they just added Mr. Embree as full time inspector. Mr. Embree was for years with the Augusta, Georgia City Board of Health.

Melbourne, down on the east coast, has recently appointed Mr. W. K. Seitz, City Manager and he has evidenced his keen interest in Public Health by calling on our district representative and actively urging support of a mosquito control campaign about the city.

Coral Gables, under Mr. A. F. Allen, formerly of the U. S. Public Health Service, is coming along with tremendous strides in Public Health Work. Mr. C. A. Abele, formerly chief inspector of the State Board of Health of Alabama, is one of his able assistants.

The ice has been broken—not real ice in Florida but as far as we know Mrs. Vernon A. Lewis of the City of Valparaiso is the FIRST lady to be an official Commissioner of Health and Sanitation. Congratulations Mrs. Lewis—our hat is off to West Florida—Okaloosa and the City of Valparaiso in particular. From the interest indicated by Mrs. Lewis' letter to the Board, Health and Sanitation work will be one of the main activities of the city administration.

**Water and Sewerage—**

Plans continue to come in for new water and sewerage installations and public work goes on at a rapid rate along these lines. Williston, White Springs, New Port Richey, Tarpon Springs, Clearwater, Delray, practically every town and city in South Florida, is actively engaged on public improvements along these necessary lines. Now is the time to get those necessities installed. Coral Gables announces the sale of their waterworks to Florida Light and Power Company, of that city.

— F. H. N. —

**SPRING CLEANING FOR MEN**

In a recent editorial, Hygeia urges the men to do their share of the spring season cleaning. While the housewives are busy indoors, grubbing out the winter's dirt, the health officer should enlist the aid of the men in the community in cleaning alleys, back yards and vacant lots.

The garbage and manure piles should be removed before the flies come; stagnant ditches and pools should be drained; water supplies must be looked after, and parks, picnic and camp grounds should be cleaned. Spring is also the time to clean and repave the streets after the winter snows.

— F. H. N. —

**MANY CLEANSING POWDERS CONTAIN LYE; DANGEROUS**

Lye, used as a household cleanser and washing powder, is a fatal poison and should be labeled as such, says Hygeia. Congress is considering legislation to regulate the labeling and sale of lye and similar poisonous caustics.

Thirteen states have already passed such legislation, but there is need of national legislation to protect children and adults. Lye is not only a fatal poison, but will badly burn any skin with which it comes in contact.

**BUREAU OF VITAL STATISTICS****Stewart G. Thompson, D. P. H., Director****VITAL STATISTICS AND GOOD GOVERNMENT\***

The State of Florida has been in the Federal Registration Area for deaths since January, 1919, and in the Federal Registration Area for births since January 1, 1924. The original certificates of both deaths and births are sent to the State Board of Health where they are compiled, classified by ages, counties, cities and towns, causes of death, occupation, nationality, etc., and the original certificates are then bound in volumes of five hundred each, properly indexed for easy reference, and these bound volumes become a part of the official and legal records of the state. We now have more than 475,000 certificates of births and deaths of Florida citizens. It requires practically the entire time of one clerk to furnish certified copies of these records for the many legal purposes for which such records are required. It is significant that the older these records are the more valuable they become, and I am sure the citizens of Florida would not for one moment consider doing away with the system under which these valuable records are made available for their use.

Laying aside, however, the value of these certificates as public and legal records, vital statistics—including births, deaths and statistics of the prevalence of various communicable diseases and therefore preventable diseases—constitute the very foundation upon which all intelligent and efficient public health work must be based. Dr. J. N. Hurty, who was State Health Commissioner of Indiana from 1896 to 1922, and who therefore, was the pioneer of public health work in that state, frequently referred to vital statistics as the—"Bookkeeping of Humanity." It is true, that what bookkeeping is to a bank or what accountancy is to a business firm, vital statistics are to public health. No state health department can carry on efficient public health and public welfare work without accurate knowledge of the prevalence of disease, the number and causes of death, and the progress or retrogression of the state as shown by births.

Vital statistics lie at the very foundation of public health, and this is true of the small unit of government, the county and the municipality—as well as of the larger unit of government, the state and the Nation. The State Board of Health of Florida maintains a Vital Statistics Division with personnel and equipment to take care of every phase of collecting, recording, compiling, classifying and filing the births, deaths and morbidity statistics of the state. We consider our Vital Statistics Division the most important division in the entire department, because there is no standard by which the work of the various divisions or of the department as a whole can be measured, except by the standard of results accomplished in the prevention of disease, in the saving of human life, in the lowering of the death rate from preventable causes, and in the improvement of the death rate at various age periods. We can gauge results or measure our work

**BUREAU OF VITAL STATISTICS—(Continued)**

only through our Vital Statistics Division.

Vital Statistics is the bookkeeping of the lives and health of its citizens—a vital function of state government.

\*Adapted to Florida from Indiana Health Bulletin.

— F. H. N. —

**PROSECUTIONS**

The following prosecutions have been made in the Miami district, for failure to comply with the Vital Statistics Laws:

Dr. J. S. McKenzie was fined in Municipal Court, March 25th, for failure to file a birth certificate.

Dr. G. C. Franklin was fined in Municipal Court, April 8th, for failure to file a birth certificate.

Nettie Troublefield was fined \$54.85 in Municipal Court, on April 8th, for practicing Midwifery without a certificate from the City Department of Health.

Druscilla Edden was fined \$29.85 in Municipal Court, March 23rd, for attempting to practice a certain branch of medicine on a patient after having been refused a certificate to practice Midwifery.

— F. H. N. —

**U. S. HAS 802,065 HOSPITAL BEDS**

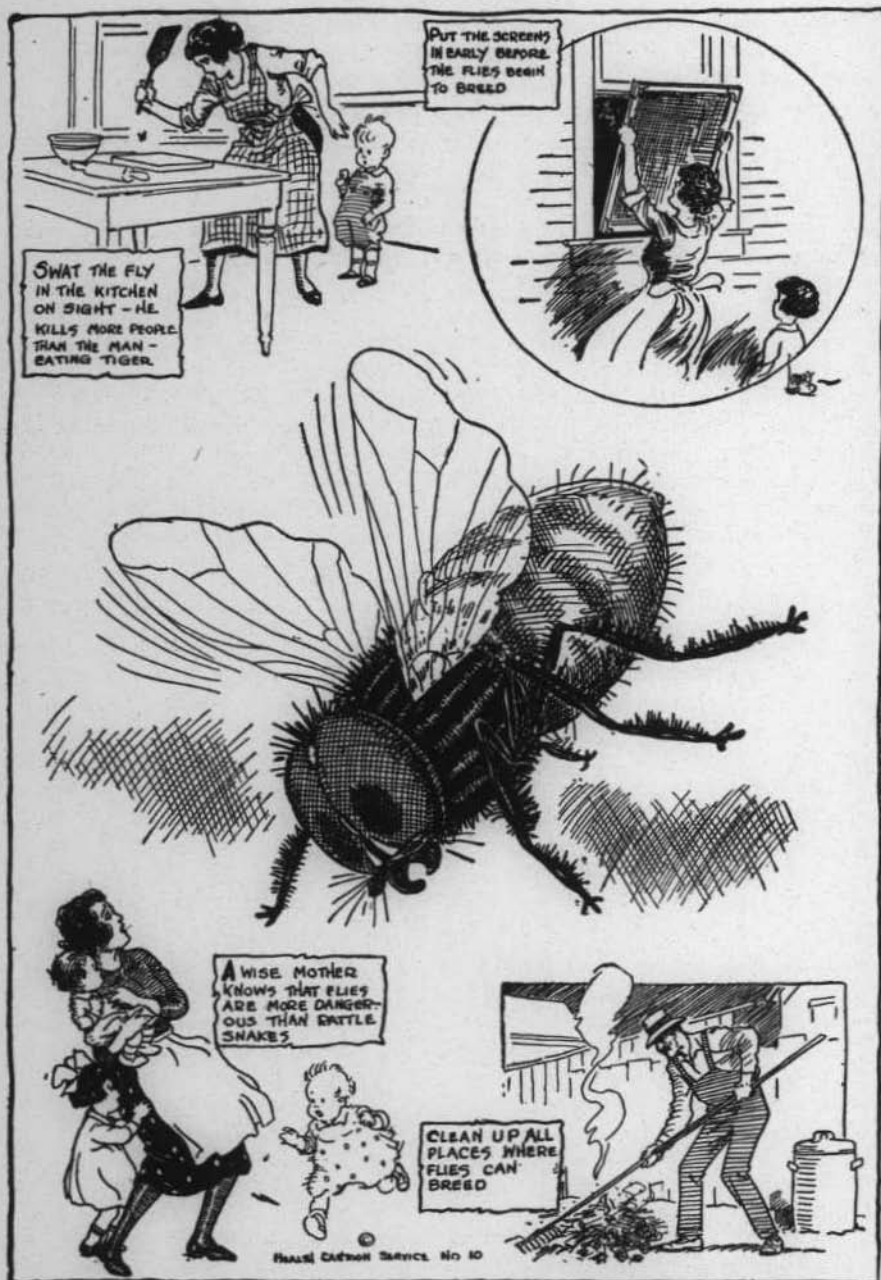
At present, 66 per cent of the 802,065 hospital beds in the United States are constantly filled, according to Hygeia. Government agencies finance 62 per cent of all the hospital beds. The American Medical Association has recently classified all the hospitals in the country. The four classes include: those giving good medical service; those giving suitable interne training; those giving training in medical specialties; those that are unethical and disreputable, of which there are 294.

— F. H. N. —

**LOCAL REGISTRARS APPOINTED**

| Number | Name                       | Address                  |
|--------|----------------------------|--------------------------|
| 12-117 | Mrs. Annie V. Morgan.....  | Ft. Ogden, Fla.          |
| 14-047 | Mrs. B. R. Burgess.....    | Gull Point, Fla.         |
| 21-107 | Mr. C. N. Kirkland.....    | Route A, Greenwood, Fla. |
| 24-01  | Mr. W. E. Harkness.....    | Leesburg, Fla.           |
| 26-01  | Mr. Gordon Long.....       | Tallahassee, Fla.        |
| 41-04  | Dr. E. T. Campbell.....    | Welaka, Fla.             |
| 49-01  | Miss Henrietta Crosby..... | Daytona Beach, Fla.      |
| 49-09  | Mrs. Louise McInnis.....   | DeLeon Springs, Fla.     |
| 58-157 | Mrs. K. F. Coker.....      | Gardner, Fla.            |

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# HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

## STATE BOARD OF HEALTH

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JUNE, 1926

No. 6

Edited by  
**STEWART G. THOMPSON, D. P. H.**  
Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

**B. L. ARMS, M. D., STATE HEALTH OFFICER**  
Jacksonville

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| Engineering                     | Ellsworth L. Filby, C. E.     |
| Child Hygiene and Public Health |                               |
| Nursing                         | Laurie Jean Reid, R. N.       |
| Accounting                      | Screven Dozier                |

\*550 Local Registrars (County lists furnished on request).

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Miami  
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Tallahassee  
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Janie B. Currie, B. S.  
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Russell Broughman  
G. A. Renney  
C. N. Hobbs  
D. H. Osborn  
\*Assistant Engineer

## PUBLIC HEALTH NURSES

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†Dade City  
†Dade City  
†Lake City  
†Madison  
†Marianna  
†Melbourne Beach  
†New Smyrna  
†Ocala  
†Palatka  
†Pensacola  
†Punta Gorda  
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Beulah Hieber, R. N.

†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

## ADMINISTRATION

B. L. Arms, M. D., State Health Officer

## COOPERATION

Has it occurred to you that the State Board of Health is the servant of every tax payer in the State. How well do you know this organization? What does it do and what can it do for you? We extend a most hearty invitation to each and every one of you to visit us and become better acquainted with our work. Many of you have corresponded with us but we regret to say only a few of you have come to see what we can do to help you and what you can do to help us do more for you and the State. Only a short time ago one of the leading physicians in the State called on us for the first time and he was greatly surprised by the magnitude of the work carried on. We would be very glad to welcome just as many of the physicians as can possible come and all citizens or prospective citizens are also cordially invited. Come and get acquainted with us and what is of even greater value acquaint yourself with the work we are doing, for that is what counts.

The work of the State Board of Health begins even before birth, continues through life and extends long after death, hence we may truly say it is a work that should interest each citizen.

Lest one fail to realize just what is meant by the last sentence, we through the Bureau of Child Hygiene and Public Health Nursing are doing what we can to help in the pre-natal period. Then soon after birth the Bureau of Vital Statistics receives the birth certificate which is filed and thus there is on record a proof of citizenship that can be secured at any time it is needed. As the child grows older he may be helped by the Bureau of Child Hygiene and Public Health Nursing or the Bureau of Communicable Diseases, as the case may require. He may need a laboratory examination and if so, the Bureau of Laboratories is at his service for any kind of a public health examination. If immunization is desired against smallpox, diphtheria, typhoid, rabies or tetanus the material can be secured from the laboratory.

If advice is desired about water supplies, sewage disposal, sanitary privies, mosquito control, tourist camps, swimming pools, etc., the Bureau of Sanitary Engineering will assist you.

The Bureau of Communicable Diseases is at your service to conduct immunization campaigns against the various infections or to give advice or assistance on health matters.

The records of the Bureau of Vital Statistics serve as a guide at all times showing all departments where the danger spots exist or are developing. The records also show what success follows our efforts.

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**ADMINISTRATION—(Continued)**

You will note that at all periods of life the State Board of Health is at your service and finally there is filed with the Bureau of Vital Statistics a death certificate, a certified copy of which may be obtained by your family if needed for legal purposes, thus you see your State Board of Health is a life long servant and one that works for you both before and after death, and furthermore we wish to give the greatest possible service, for SERVICE is our motto.

————— F. H. N. —————

**PARENTS REFUSE ANTITOXIN; CHILD DIES OF DIPHTHERIA**

A coroner's inquest was recently held in Rochester as a result of the death from diphtheria of a two year old boy. According to the report on the case, a physician was called on February 7 to treat an injury to the boy's arm which he had received in a fall. Although a statement was made that the child had a slight sore throat, apparently the physician made no diagnosis and did not call again. On February 12, another physician was summoned in the early evening and was told of the visit of the first physician. He diagnosed the case as diphtheria and wanted to administer antitoxin. On the advice of a neighbor the parents refused to allow antitoxin to be given. The child died early on the following morning. The coroner signed the death certificate.—(New York Health News).

————— F. H. N. —————

**ALL MUST GUARD PUBLIC HEALTH**

The average citizen pays for accidents and disease in deaths, injuries, illness, bills, discounted investments and depreciated values. Therefore it is his job to prevent accidents and disease says Dr. J. Howard Beard in Hygeia for June.

In the old days of the one horse shay, the physician was responsible for the health of the entire community. Medical science has advanced tremendously since then. So has industrial science. Although many disease conditions have been brought under control, countless new ones have arisen as the result of the rise of industrialism.

Fast trains and aeroplanes are as much at the disposal of disease germs as of human beings. While large cities foster clinics and medical schools and hospitals, they also foster unhygienic living conditions, accidents and illness.

The physician can no longer handle the situation alone, in spite of his greatly increased knowledge. He must have the cooperation of every citizen in the community. It is the average citizen who can and should insist on the adoption of public health measures, on the health education of school children and adults, and on the furtherance of preventive medicine.



**BUREAU OF DIAGNOSTIC LABORATORIES****James R. Bean, M. D., D. P. H., Director****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF APRIL, 1926**

|                        | Jackson-<br>ville | Tampa | Pensa-<br>cola | Miami | Talla-<br>hassee | Total |
|------------------------|-------------------|-------|----------------|-------|------------------|-------|
| Animal Parasites ..... | 1750              | 796   | 428            | 296   | 504              | 3774  |
| Diphtheria .....       | 248               | 143   | 10             | 542   | 9                | 952   |
| Typhoid .....          | 129               | 136   | 18             | 34    | 13               | 330   |
| Malaria .....          | 169               | 132   | 14             | 35    | 50               | 400   |
| Rabies .....           | 10                | 3     | .....          | 7     | .....            | 20    |
| Tuberculosis .....     | 224               | 91    | 19             | 34    | 12               | 380   |
| Gonorrhoea .....       | 281               | 151   | 14             | 113   | 9                | 568   |
| Syphilis .....         | 2133              | 976   | .....          | 419   | .....            | 3528  |
| Water: Bact. Exam..... | .....             | 55    | .....          | 68    | .....            | 123   |
| Water: Chem. Exam..... | .....             | ..... | .....          | 166   | .....            | 166   |
| Milk: Bact. Exam.....  | 20                | 12    | 10             | 267   | 10               | 319   |
| Milk: Chem. Exam.....  | 22                | 12    | 13             | 531   | 10               | 588   |
| Miscellaneous: .....   | 42                | 20    | .....          | 21    | 2                | 85    |
|                        | 5028              | 2527  | 526            | 2533  | 619              | 11233 |

Specimen Containers Distributed During April, 1926.....8702

**BIOLOGICAL PRODUCTS DISTRIBUTED DURING APRIL, 1926**

|                             |              |               |
|-----------------------------|--------------|---------------|
| Diphtheria Antitoxin.....   | 10,000 units | 222 Packages  |
|                             | 5,000 units  | 88 Packages   |
| Toxin Antitoxin.....        |              | 14299 c.c.    |
| Schick Material.....        |              | 4500 Tests    |
| Tetanus Antitoxin.....      | 20,000 units | 34 Packages   |
|                             | 10,000 units | 10 Packages   |
|                             | 1,500 units  | 678 Packages  |
| Typho Bacterin.....         | PLAIN        | 3213 Packages |
|                             | TRIPLE       | 1107 Packages |
| Antimeningococcus Serum.... |              | 2 Cylinders   |
| Vaccine Virus.....          |              | 12605 Points  |
| Antirabic Virus.....        |              | 42 Treatments |
| Carbon Tetrachloride.....   |              | 6836 Capsules |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY

**BUREAU OF COMMUNICABLE DISEASES****F. A. Brink, M. D., Director****WHY HAVE TYPHOID?**

Inoculation against typhoid fever was introduced into the United States army as a voluntary measure in 1909 and was made compulsory in 1911. Immediately thereafter, a marked decrease in the rates for typhoid cases and deaths occurred. For the 20 year period ending with 1909 the rate of admission to hospitals per 100,000 soldiers varied between 313 and 14,158. The death rate varied between 26 and 1483. This high case rate occurred in 1898—the year of the Spanish-American war. At this time three noted sanitarians, Reed, Vaughn and Shakespeare, studied the transmission of typhoid in the army and made recommendations that resulted in marked improvement in army and civil sanitary conditions and its influence was shown in the decrease of typhoid rates, even before inoculation was introduced. Since 1910 the case rate has remained below 90 and the death rate below 10, except in 1916 when the case rate rose to 281. In 1922 the case rate was 1.4 per 100,000 and no deaths. The army doctors now tell us, somewhat boastfully, that they have forgotten how to treat typhoid since inoculation has become universal.

What has been done in the army can be done, and is being done in a limited way, among the civilian population.

In America, where 80% of the world's automobiles are owned, the people are developing migratory habits—habits which, without sanitary care and inoculation, would undoubtedly have increased the typhoid rates to a marked degree.

The incidence of even the average number of typhoid cases, among those who travel and those who stay at home, is sufficient evidence that sanitary measures and protective inoculation should both be fully utilized. The State Board of Health will help solve your sanitary problems and furnish typhoid vaccine free to your doctor. Now is the time before you start on that trip.

— F. H. N. —

**DOCTOR**

This is to remind you of the post-graduate short course at the Duval County Hospital, foot of 10th street, Jacksonville, June 8th, 9th and 10th. An excellent program has been prepared and you cannot afford to miss it.

— F. H. N. —

**DOCTOR**

Try leaving a copy of Health Notes on your waiting room table.

If you care to distribute other health literature in this way just write and indicate the kind and quantity desired.

— F. H. N. —

An interesting and profitable conference was held at Gainesville by the personnel of the Communicable Disease Bureau at the time of the Florida Medical Association meeting early in May.

**BUREAU OF ENGINEERING****Ellsworth L. Filby, C. E., Chief Engineer**

Never having lived where mosquitoes were known, until I came to Florida," said Joe Clements of the Hatton Brothers rental agency, "I have taken some of the arguments of the State Anti-Mosquito Association with a grain of salt. But, I have been convinced that the mosquito fighters know what they are talking about.

"I always had believed that mosquitoes were the products of swamps and didn't take much stock in their being bred around the homes till I went to investigate a Bartow home which had been listed with us for rent and found it filled with mosquitoes. The toilets which had not been flushed since the place was vacated by its winter occupants, several weeks ago, were found alive with wiggletails and mosquitoes were even being bred in the kitchen sink and in the lavatories in the bed rooms.

"This was a lesson to me, and from this time on I will see that vacant houses under our care are inspected and all toilets, sinks and lavatories either oiled or flushed at least once a week. That may help keep Bartow's mosquitoes to a minimum particularly if every householder will be equally watchful."

**DR. PORTER HONORED**

One of the outstanding achievements of the Florida Anti-Mosquito Association in annual conference at St. Augustine was the proposal to promote and stimulate interest in the establishment of two chairs or professorships of Preventive Medicine and Sanitation at the University of Florida and the State College for Women in commemoration of the long, faithful, loyal service to the State of Florida of Dr. Joseph Y. Porter, Sr., of Key West. It was suggested that each chair be designated as the Colonel Joseph Yates Porter chair of Preventive Medicine and Sanitation.

It was pointed out by George W. Simons, Jr., of Jacksonville, a former associate of Dr. Porter in State Health Work, that in all the intense enthusiasm of today, many of those who paved the way, and made possible, the bigger, brighter things of the present day had escaped notice. Truly the names of Flagler and Plant are frequently associated with the pioneer achievements and early developments of Florida, but in the hurry and rush the name of Dr. Porter is often missed. Dr. Porter—a native Floridian, born in Key West—not only made a name for himself in the national military medical circles, but in 1886 was placed in charge of the yellow fever outbreak in Jacksonville, and because of his valiant service in the emergency, Governor Fleming called legislative session to create a State Board of Health, which named Dr. Porter its head and director—a position he nobly and creditably filled for twenty-seven years, during which time he laid the health foundation of Florida's future.

"Therefore why shouldn't the citizens of Florida rise to the occasion and do honor to a native Floridian, who by his early teachings

**BUREAU OF ENGINEERING—(Continued)**

and later organization made possible the healthy Florida of today. We honor Flagler and Plant for their foresightedness, courage and pioneer development; we honor Gorrie because of his invention—why not honor in an appropriate manner the State's first health teacher and director who established the health foundation which greatly made possible the future works of all others?"

"No material thing could possibly express to Doctor Porter the proper feeling of gratitude more splendidly and appropriately than the Chairs of Preventive Medicine and Sanitation at our two State Institutions of higher learning. Such chairs would serve to recognize and memorialize the service of this man who long and faithfully served his fellow men—Chairs established in those places where the present generation is taught the responsibility of the future and told how to preserve and carry on the splendid health teachings of the past."

"How appropriate to honor one who is yet living to cherish the honor and love, such a movement would impart. It would not only provide courses of training now needed in our State schools, but would honor a deserving Floridian, and give our citizens an opportunity to convey their appreciation and respects fittingly."

At the St. Augustine Conference Mrs. W. S. Jennings of Jacksonville, President of the Legislation Council, moved that all agencies in the State be called on to assist in this work and at her suggestion, Mr. Simons was made Chairman of the Committee to put the wheels in motion.

**WHAT THEY DID**

Okaloosa county, through its home demonstration forces and this bureau put over one of the best pieces of rural school improvement that has been accomplished in this state. First prize was awarded by Capt. C. N. Hobbs of this Bureau to Wrights school during the May day festival at Laurel Hill. Before the contest Wright's school had a pitcher pump, shallow well for water supply with a pool of water about the pump base that the hogs used as a wallow. They had two vile open privies with excrement exposed to flies and hogs. The yard was overgrown with brush and undergrowth, the fence about the grounds was a joke—Papers and tin cans scattered to the four winds. But they got busy—the pump was curbed with concrete and waste water piped away—the privies were rebuilt, fly and animal proof and of the type approved by this department; weeds and undergrowth were cleared but shade trees left standing; paper and tin cans were picked up, burned or buried and a fence built around the school grounds. In addition every pupil had taken the hookworm treatment.

Did they earn their prize—We say they did—Congratulations to the pupils and faculty of Wright's school. Laurel Hill took second prize while Walton and Clear Springs divided the third prize, a candy party between them—Who said West Florida was backward?



**CHILD HYGIENE AND PUBLIC HEALTH NURSING****Mrs. Laurie Jean Reid, R. N., Director****MENTAL HYGIENE**

Familiarity with the principles of mental hygiene should be an essential part of the equipment of the public health nurse. The prevalence of nervous and mental disorders indicates the need. It is becoming more and more accepted that there is a close relationship between mental abnormality and crime, delinquency and dependency.

From surveys it has been stated that at least 25 % of the inmates of prisons, reformatories and like institutions are feeble-minded, and far more are affected with nervous or mental disorders. Life means a constant adaptation. Desires must be modified, passions curbed, impulses checked, ambition and industry stimulated, plans changed, dislikes concealed, disappointments borne, and a thousand other similar conditions or situations met in such a way that life and its associations may continue.

Mental hygiene must then be considered in our dealings with the small child, and on up to old age. First in such a program is prophylaxis in those with poor mental endowment—Such individuals are unable to meet the issues of life in what is called a normal manner. Second—Rehabilitation, not only of mental and nervous patients, but also of other convalescent cases requiring the assistance of mental hygiene. The mental factors in general illness can never be wholly disregarded. Third—In the present general unrest, mental hygiene is directly concerned in assisting to the attainment of a rational basis of living. There is a close relationship between venereal disease and mental efficiency. The venereal clinic should therefore be of great value in combatting this evil and the further extension of nervous and mental complications. It is however, the school nurse who has the greatest opportunity from the standpoint of mental hygiene. In the schools the atypical child may be identified early and prompt measures taken for their training, treatment or other proper disposition. In the larger centers, clinics have been established and the public health nurse does well to acquaint herself with the method of procedure re: examination and treatment so that she may know what disposition to make of the cases that come under her notice in the district. In clinic work it is well to remember that although the well developed cases need care, the border-line cases are the ones for immediate examination and care in that in this way we may obviate need for the Institution or Hospital later on.

In many of the educational systems of our country, provision is made for the teaching of the atypical child. Special classes where the peculiarities and limitations of the child are recognized and studied. This should obtain in every community and the public health nurse has a clear duty to perform in acquainting the "powers that be" with the need. There should be sympathetic supervision for the home cases. The public health nurse should in every way possible make an effort

**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

to counteract the tendency of the general public to ridicule or stigmatize the mental case. The mental status of all persons passing through the courts should be given due consideration. In a practical way much may be done toward the rehabilitation of restored or paroled mental cases by social workers whose duty it is to have a general oversight of those on parole. They investigate home and other environmental conditions, and try to adjust them to the needs of the patient, as far as is possible. They help to secure positions, paving the way for the patient with the employer. The public health nurse in a county or community may assist in awakening interest—First, in the establishment of clinics for mental cases; especially assisting in the early identification of the border-line cases. Second—Special classes in schools and educating the community to this need. Third—In organizing after-care committees and assisting with the supervision of the returned cases. Fourth—Counteracting the so-called stigma attached to mental trouble and the institutions for the same; especially emphasizing the possibility of prevention, the fact that recoveries take place, and that institutions for the insane are HOSPITALS, not asylums. Fifth—Endeavoring to secure better facilities for the detention of suspected mental cases either while under observation or awaiting commitment. Sixth—Advocating the consideration of the mental status of all persons passing through the courts. Seventh—Assisting in the rehabilitation of former mental and nervous patients. Eighth—Assisting in the extra-institutional disposition of mental defectives; especially those of high grade.

————— F. H. N. —————

**DOCTOR OR SURGEON CAN CURE CASE OF CROSS EYE**

People don't have cross eyes; they have cross eye (singular).

Cross eye is the turning in of only one eye and is usually caused by eye-strain due to farsightedness, according to an article in *Hygeia* for May. Cross eye may be corrected, in most cases, by glasses which relieve the eyestrain and correct the vision.

Proper glasses not only improve the appearance but enable the person to use both eyes together. The advantage of being able to use both eyes together is that one is able to judge distance and perceive depth. One can easily prove the value of this by closing one eye and trying to touch with the extended finger a pin extending from the wall.

When the cross eye condition cannot be corrected by glasses, it must be remedied by surgery. The operation consists in changes made on the muscles that move the eyeball. It is not a difficult one and usually is done with a local anesthetic.

Whether correction is made by surgery or by glasses, it should be done early, so that the cross eye is trained to function normally before it has lost its vision from disuse.

## SPECIALIST TELLS METHOD OF TAKING CINDER FROM EYE

Don't rub your eye when you get a cinder in it, advises Hygeia, popular health magazine published by the American Medical Association. It may feel better if it is rubbed, but the cinder is apt to be worked deeper into the tissues of the eye, and it will be much more difficult to get it out.

The cinder may lodge on the conjunctiva, the delicate membrane lining inside of the lids, or it may stick to the tissue covering the front of the eyeball called the cornea. In the latter case, its removal is difficult and should not be attempted by any one except a physician. There is great danger of infection entering through the hole made on the cornea by the cinder, which may result in impaired vision or even loss of the eye. Therefore the only thing to do is to see a physician immediately, if the cinder is on the cornea.

If the cinder is on the conjunctiva, there are a number of things which may be tried. First of all, wink the eye. This will start a flow of tears that will probably flush out the cinder. If this is not successful, grasp the lashes of the upper lid between thumb and finger and pull the lid out and downward as far as possible, then let it go. The lashes of the lower lid sweeping across the upper lid may brush out the cinder.

It may be necessary to put a drop of heavy oil, such as mineral or castor oil, into the eye. The heavy oil may be more successful in washing out the cinder than the tears were. As a last resort, one may turn the upper lid and remove the cinder with a bit of very clean cotton or linen.

— F. H. N. —

## FUNERAL DIRECTORS AND EMBALMERS ANNUAL MEETING

At Orlando, Florida, May 11-13 the thirty-first annual convention of the Florida Funeral Directors and Embalmers Association was held. Mr. Carey Hand, the leading undertaker and embalmer in Orlando, with Mrs. Hand, entertained the embalmers and guests royally. The program was diversified and the meeting generally, of high order. Those attending felt well repaid as this was undoubtedly one of the best meetings ever held by this organization. The meeting next year will be held at Daytona Beach.

— F. H. N. —

Dr. C. H. Farmer, who for the past few months has been connected with the Florida State Board of Health in the capacity of Medical Officer for the Jacksonville District is leaving the State Board of Health on May 15th to begin the practice of medicine in Lakeland, Florida. Dr. Farmer is a graduate of the Emory University School of Medicine in Atlanta and served as intern in the Macon, Georgia, City Hospital and Saint Joseph's Infirmary in Atlanta. For the past three years he has been connected with the South Carolina State Board of Health. On moving to Lakeland Dr. Farmer will be associated with Drs. C. W. Love and George C. Overstreet with offices in the Marble Arcade.

## ANNUAL MEETING OF FLORIDA MEDICAL ASSOCIATION

The fifty-third annual meeting of the Florida Medical Association was held at Gainesville, Florida, May 4th and 5th. The Alachua County Medical Society, through its officers and members, gave the members of the State Association a hearty welcome. The program of the Scientific Assembly, and the entertainment of members, guests and ladies were all of high order. Doctor H. Mason Smith, a member of the State Board of Health, was elected president of the Florida Medical Association. The registration book showed this to be the best attended meeting for many years. The Association will meet next year at West Palm Beach.

The day previous to the regular Association meeting, the Florida Railway Surgeons held their annual session which was extremely interesting.

— F. H. N. —

## TEN COMMANDMENTS FOR BOIL SUFFERERS

1. Never squeeze a boil.
2. Never pick a boil with a needle or pin.
3. Never pull hairs from the nose, pick the ear with sharp instruments, or pull out ingrown hairs from the face with the nails.
4. Don't use poultices.
5. Don't buy "patent medicines" to purify the blood if boils are present.
6. If subject to boils on the neck, do not wear stiff collars and do not permit the barber to shave the neck.
7. Don't interfere with boils until they come to a head.
8. Have the urine examined if the boils come in crops.
9. Never try self-treatment on the lip or nose.
10. Always observe the rules of absolute cleanliness.

— F. H. N. —

## ROSE OF THE FUTURE

A World War vet was taking his new-born baby out for a ride and was accosted by an elderly lady, who, after admiring the baby, asked: "Another little soldier, eh?"

"No ma'am, another little Red Cross nurse."—Washington Star.

— F. H. N. —

## LOCAL REGISTRARS APPOINTED

April 18, May 18, 1926

| Number | Name                     | Address               |
|--------|--------------------------|-----------------------|
| 8-04   | Mrs. R. L. Buie.....     | Inverness, Fla.       |
| 37-02  | Mrs. Violet Everett..... | Delray, Fla.          |
| 37-047 | Wm. P. Somerville.....   | Boynton, Fla.         |
| 38-05  | Mrs. H. J. Sheetz.....   | New Port Richey, Fla. |
| 45-01  | Samuel L. Smart.....     | Sanford, Fla.         |



HUMAN LIFE IS THE STATE'S GREATEST ASSET



# HEALTH NOTES

OFFICIAL BULLETIN  
PUBLISHED MONTHLY BY THE  
**STATE BOARD OF HEALTH**

Entered as Second Class Matter, October 27, 1921  
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VOL. 18

JULY, 1926

No. 7

Edited by  
**STEWART G. THOMPSON, D. P. H.**  
Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

**B. L. ARMS, M. D., STATE HEALTH OFFICER**  
Jacksonville

THE BOARD

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†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

## ADMINISTRATION

**B. L. Arms, M. D., State Health Officer**

### THE CARE OF BIOLOGICS

It has been frequently stated the State Board of Health supplies certain biological products for the use of all. Purchases made in quantity saves the citizens of the State a great deal.

Inasmuch as some will read this copy of Health Notes who are not familiar with just what it is possible to secure and how to obtain what is desired, the list is given: diphtheria antitoxin for therapeutic use only, toxin antitoxin, tetanus antitoxin in 1500 unit size for prophylactic use, and in 10,000 and 20,000 unit sizes for therapeutic use, typhoid vaccine, vaccine virus and antimeningococcus serum. These are furnished without cost. Aside from the above we have anti-rabic treatments (14 dose method) at all times in the laboratory at Jacksonville, and these are furnished at cost, except in those cases where the physician certifies that the patient is indigent and that he is receiving no pay for the administration, when this too is free.

In order that diphtheria antitoxin may be quickly available in all parts of the State, certain drug stores centrally located have been designated as antitoxin stations, and at these stations diphtheria antitoxin for therapeutic use and typhoid vaccine are stocked in limited amounts. **NO OTHER STATE BOARD BIOLOGICS ARE OBTAINABLE AT THESE STATIONS.**

Before any drug store is accepted as a station we have the assurance that the biologics will be kept cold at all times, and of course in this State this means that they will be kept in a refrigerator with ice in the box at all times unless one of the electric boxes is used.

Each physician is interested in the manner in which the antitoxin he is going to use is kept, for no antitoxin can be depended upon if it is kept off the ice for any length of time.

When antitoxin is needed it is necessary to have a potent product as we are after results and the use of an impotent product might mean the loss of the patient's life.

When a representative of the State Board of Health is in a city where there is an antitoxin station that store is visited and the biologics inspected for expiration date and to see if they are kept properly iced. These visits are not frequent however, and we ask the cooperation of local physicians who may be obliged at any time to rely on the potency of the antitoxin, and see that it is properly kept to insure results when the antitoxin is used.

We will appreciate notice from any physician who finds that our biological products are not properly iced, or are out of date. On receipt of such a notice immediate investigation will be started and the fault remedied.

## BUREAU OF DIAGNOSTIC LABORATORIES

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF MAY, 1926

|                        | Jack-on-ville | Tampa | Pensa-cola | Miami | Talla-hassee | Total |
|------------------------|---------------|-------|------------|-------|--------------|-------|
| Animal Parasites.....  | 1134          | 604   | 243        | 285   | 97           | 2363  |
| Diphtheria .. .. .     | 87            | 283   | 8          | 239   | 11           | 628   |
| Typhoid .. .. .        | 214           | 211   | 45         | 38    | 19           | 527   |
| Malaria .. .. .        | 278           | 203   | 45         | 38    | 68           | 632   |
| Rabies .. .. .         | 17            | 4     | .....      | 1     | .....        | 22    |
| Tuberculosis .. .. .   | 205           | 84    | 20         | 28    | 8            | 345   |
| Gonorrhoea .. .. .     | 329           | 206   | 19         | 87    | 8            | 649   |
| Syphilis .. .. .       | 1861          | 715   | .....      | 376   | .....        | 2952  |
| Water: Bact. Exam..... | .....         | 40    | .....      | 68    | .....        | 108   |
| Water: Chem. Exam..... | .....         | ..... | .....      | 137   | .....        | 137   |
| Milk: Bact. Exam.....  | 12            | 8     | 25         | 245   | 2            | 292   |
| Milk: Chem. Exam.....  | 12            | 9     | 8          | 663   | 2            | 694   |
| Miscellaneous .. .. .  | 33            | 31    | 12         | 38    | .....        | 114   |
|                        | 4182          | 2398  | 425        | 2243  | 215          | 9463  |

Specimen Containers Distributed During May, 1926.....8657

## BIOLOGICAL PRODUCTS DISTRIBUTED DURING MAY, 1926

|                              |                       |               |
|------------------------------|-----------------------|---------------|
| Diphtheria Antitoxin.....    | 10,000 units          | 156 Packages  |
|                              | 5,000 units           | 38 Packages   |
| Toxin Antitoxin.....         |                       | 1620 c.c.     |
| Tetanus Antitoxin.....       | 20,000 units          | 4 Packages    |
|                              | 10,000 units          | 9 Packages    |
|                              | 5,000 units           | 2 Packages    |
|                              | 1,500 units           | 518 Packages  |
| Antimeningococcus Serum..... |                       | 10 Cylinders  |
| Vaccine Virus.....           |                       | 7144 Points   |
| Antirabic Virus.....         |                       | 30 Treatments |
| Typho Bacterin.....          | PLAIN                 | 1157 Packages |
|                              | PLAIN (20 c.c. Vials) | 2980 c.c.     |
|                              | TRIPLE                | 651 Packages  |
| Carbon Tetrachloride.....    |                       | 3465 Capsules |

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY



## BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

### SUMMER DIARRHEA

Even in the sunny south there is sufficient seasonal variation in temperature to produce a summer increase in intestinal disturbances. This increase in warm weather depends on two factors, namely; conditions more favorable to the growth and scattering of bacteria and the debilitating effect of higher temperature and humidity. That these two factors are interdependent is shown by a marked reduction in the sickness rate when either is rendered inoperative.

It is well known that moisture and heat promote the growth of bacteria. Several varieties of germs seem to have a causative relation to the summer dysenteries of children and even of adults. In some instances the disturbance is evidently produced by toxin or poisons formed by the action of bacteria in the food before it is eaten while in other instances the bacteria appear to be carried into the stomach with the food, there to set up the process of decay which results in the same way, the stomach and intestines are irritated and their effort to empty themselves of the irritating substance becomes painfully evident.

The need of a safe sewage disposal system, a wholesome supply of milk and water and the protection of food and humans from filth, flies and germs has been much dwelt on in these pages, particularly as a means of preventing typhoid, but human inertia is great in summer and all too often the price of neglect is paid dearly with the lives of little children. Do we wish to protect our dependents? Then we must replace our apathy with action. Never allow flies access to the bowel discharges of any human being, sick or well. Never allow flies access to drinking water, milk or other food. Keep all perishable food in a refrigerator with plenty of ice. Screen the house. Swat the fly or better still prevent its breeding. Protect the children from the debilitating effect of hot rooms, poor ventilation and too much clothing. See that the food is wholesome and of a variety suited to the age of the child. Take the child to the doctor at the first sign of illness or even before any sign appears. An ounce of prevention is worth a pound of cure and a stitch in time saves nine.

— F. H. N. —

### POST GRADUATE COURSE A SUCCESS

With the cooperation of the United States Public Health Service, the American Social Hygiene Association and Doctors E. T. Sellers, F. C. Jones, Ralph N. Greene, J. L. Kirby-Smith, B. F. Woolsey, R. W. Blackmar, Robert B. McIver, T. S. Field and Shaler Richardson, all specialists of Jacksonville, there was offered by this bureau to the profession of Florida a short post-graduate course in the diagnosis and treatment of venereal diseases.

A three days program of clinics and lectures was arranged and presented to some twenty doctors on June 8th, 9th and 10th.

**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

By a rising vote the doctors who attended the course expressed their gratitude to the Director and the men on the program, also the hope that the short course would be made a regular annual affair.

————— F. H. N. —————

"In time of peace prepare for war." Have the family doctor immunize the children now so that their school work may not be interrupted by diphtheria, typhoid or smallpox.

————— F. H. N. —————

John and Mary should not start to school next fall with a hookworm handicap, see the family doctor, find out if they have hookworms, have them treated if necessary, read again that hookworm article in the May issue of Health Notes or write for the new hookworm bulletin and give special attention to the paragraph on PREVENTION.

————— F. H. N. —————

Tuberculosis, like a great conflagration, has a very small beginning and, like the conflagration, it is easy to control at the start. See that the children have enough exercise, rest, fresh air, sunshine and wholesome food.

————— F. H. N. —————

**CHILD HYGIENE AND PUBLIC HEALTH NURSING**

**Mrs. Laurie Jean Reid, R. N., Director**

**THE CARE OF THE PRESCHOOL CHILD**

The preschool child lives in that place which has been called the "No Man's Land" of childhood.

The age period between two and six years is one of tremendous importance and significance in the life and development of the child.

The school child was the first to receive special attention. Care of the school child has long passed the point of experiment and we know that this group of children needs much corrective work if we would have them physically fit to derive the full benefit from their educational advantages. The infant was placed in the lime light by the passage of the Act of Congress which made possible a Federal fund to assist States with Maternal and Infant Hygiene work. We have been shown the great need for scientific care, if we would have this group survive the first month of life, the period during which most infants die. But when the child ignores his mothers arms, slips from her lap, and learns to walk, he leaves babyhood behind and up to the present decade it has been taken for granted that he will then make normal development and by and by in the regular course of events be ready for school. Much has been said in recent years of the trend of youth away from the home.

Let me remind you mothers and fathers that all through the preschool period, which comprises almost the sum total of the habit

**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

forming period of the life span, the child is in the home and is acquiring all its knowledge of life from the people in that home. And never forget that while precept is valuable, daily example far outweighs the spoken word in the formation of habits of daily living which make for health and a sane, well ordered life.

Doctor Arnold Gesell expressed it aptly in these words, "Though he may not learn to read in the preschool years, he is mastering the alphabet of life." Parents are both accountable, and responsible, for the normal development of the preschool child, for in these formative years they alone have the authority, and the home, at this time, is the child's whole universe.

In the health and hygiene problems we must not forget that every waking moment in a child's life is filled with activity both physical and mental, and that the child tires easily. Without sufficient sleep he fails to gain in weight or develop normally, and has less resistance to disease and infection. During these early formative years children expend a great deal of energy and strength in the process of growth and need more sleep than the adult. The very delicate and undeveloped brain and nervous system requires a great amount of rest which can only be secured during sleep. Fatigue is shown by loss of appetite, indigestion, loss of weight, irritability and excitability. The active runabout child objects to wasting time in sleep, does not know when to stop playing and will, if permitted, go on to the point of exhaustion. Healthy children should have at least twelve hours of sleep each day up to four years, and at least eleven hours from four to six years. A child should sleep in its own bed and its own room, if possible and with windows open. Besides the night sleep, he should have a regular daytime nap. Daily bathing will early teach the child to love a clean body and while a warm bath is necessary for cleanliness, a cool sponge or shower will help develop a resistance to colds and train the nerves of the skin to react quickly to temperatures. This should not take longer than one minute, and should be followed by a brisk rub. Care should be taken with the cool bath since some children do not react well, in which case they should be discontinued for the time being.

Much of the beauty of the world enters the mind through the eyes, the care of the eyes therefore is of great importance for future comfort and happiness. Eye strain should be guarded against, particularly during or after an illness. A child takes longer to read a word, than older people, and the eyes tire more easily. A specialist should be consulted if any irritation is apparent, or if he scowls continually, has frequent headaches, or holds his picture books and toys too close to his face.

There are twenty teeth in the first set, and normally these should all be present at three years of age. At six years, four new molars appear and these four teeth need especial care. Since the first set of teeth is temporary, they are apt to be neglected by parents, and decayed matter is constantly being carried with the food to the digestive tract and thence to all parts of the body. Infections of various kinds

**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

often result. Children cannot chew properly with sore teeth and indigestion and other stomach disorders may follow.

The use of the tooth brush should become a habit early and the reason for its use painstakingly taught.

Clothing should always be loose and should hang from the shoulders, light in summer, warm in winter, but never heavy or uncomfortable.

The care of children's feet is of great importance. The muscles are developing rapidly and adapting themselves to the weight of the body. In order to prevent deformities and defects children's shoes should be very carefully fitted during the first six years of life. The soles should have straight inside lines and the outside should conform with the natural outline of the foot.

Incorrect posture is a common cause of poor health in children and may become actual deformity in the adult. The muscles can be trained early by suitable exercise so that correct posture becomes a habit. Poor body posture often leads to nervous and mental defects.

Every child should have a complete physical examination annually and particularly the last year of the preschool period when great care should be taken that the child be made as nearly physically perfect as possible before he enters school.

No child is interested in his own health, for health's sake, but he can be made interested in doing things for himself. Therefore health should be made attractive and desirable to him. Appeal to his imagination and pride and ambition. Children love to play, therefore make games for health habits. One of the most useful methods is the Child Health Alphabet and on the book shelves of every library and book store may be found attractive rhyme and story books which preach the lessons of health in most attractive ways.

In the matter of food we must remember that children are great mimics and acquire much from observation of those around them, particularly in food habits. There are certain signs of good nutrition which stand out clearly.

These are, straight sturdy legs, straight back with flat shoulder blades, full well-rounded chest, strong white teeth, firm rosy flesh, bright sparkling eyes, body erect, strong and well developed, a happy disposition, keenness, energy, and a healthy appetite. Food makes a difference, or at least plays the leading role after the stage has been set by correcting any physical defects. I am going to give you a list of the foods all children need. These foods are essential and should be provided as indicated each day.

For building bone and muscle, milk, at least a pint and more if it can be had without decreasing the other food; and at one meal an egg, or an equivalent serving of meat.

At one meal each day, some kind of fresh fruit or raw vegetable, or tomatoes either fresh or canned. At one meal, in addition, fruit, either fresh, canned, or dried. The fresh fruit or raw vegetable supplies one of the vitamins which may be destroyed in cooking. Fortu-



**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

nately, tomatoes even though cooked also supply this vitamin. Fruit again at another meal supplies additional mineral matter and helps promote natural elimination.

At one meal, a cooked vegetable other than potato. If a variety of these are offered the child learns to like them all and offers no objection to any one, unless such an objection is suggested by some older member of the family. Always avoid discussing food dislikes before children.

At every meal, a whole-grain cereal breakfast food, whole-grain bread, or baked or boiled potato. At every meal, butter, three half-inch pats in all. So remember the rhyme: "A pint of milk, egg, orange and greens, will give you your daily vitamins."

If these are provided the essentials are taken care of. Remember to keep the meals simple and build the family meals around the children's needs. Doctor Lulu Hunt Peters, tells us that all adults would be healthier and happier if they lived on the diet we suggest for children, and personally I think she's right, don't you?

And now to sum it all up! why are we talking about the care of the preschool child—well, because, to go back to the first sentence of my talk, the preschool age is the neglected age and now that we realize our mistake we want to correct it.

This year we are emphasizing the preparation of the preschool child for school and we confidently look forward to the stimulation of such interest in each community that when the fall term of school begins we will have a group of children physically perfect to begin their school life. Let each in their own community make themselves a committee of one to help with this work of the preparation of the preschool child for school, and make this wonderful State of Florida the banner state in the care of its children.

— F. H. N. —

**BUREAU OF ENGINEERING**

**Ellsworth L. Filby, C. E., Chief Engineer**

**OYSTERS**

Oysters in July? No! But July is the time to prepare for oysters in September. With this in view the oystermen of Apalachicola, our largest producing center, held a meeting with representatives of this Bureau and Messrs. Waller and Hopkins of the U. S. Public Health Service, relative to the Federal Government requirements as to sanitation of the producing areas and shucking houses.

Apalachicola producers will meet these rather strict requirements but there is some doubt as to whether dealers in neighboring states or local producers will meet the requirements. For your safety demand certified oysters bearing the mark of the producer—thus Fla. 120 imprinted on the can. Local city health officers are requested to have local legislation enacted forbidding the sale of oysters and clams in their city which are not from inspected and approved beds and

**BUREAU OF ENGINEERING—(Continued)**

handled and packed in a sanitary manner. We will be glad to go over local beds and shucking houses upon request of any local health officer. Lists of certified dealers and a copy of a model ordinance regulating the sale of oysters in cities will be sent upon request. One more step in nailing down the coffin lid on Mister Typhoid. Safe water, Sanitary sewage disposal, carefully produced and pasteurized milk, clean oysters—will run Mr. Typhoid into the realm of the departed spirits.

— F. H. N. —

**CHANGES**

Life moves on and orders change—our department has proven no exception. Mr. W. E. Cook of St. Augustine has taken Mr. Tom Randall's district along the East Coast from West Palm Beach north and Mr. Russell Broughman, transferring from the Orlando district has taken Mr. John Lynch's place as District Sanitary Officer for the district south West Palm Beach. E. S. Talbott has taken over the Orlando area and G. A. Renny will take part of the Bartow District. Paul B. Marner has established his headquarters at West Palm Beach as Ass't Engineer.

There was presented at the meeting of the American Water Works Association in Buffalo on June 9th a petition signed by 24 members of that Association residing in Florida asking for the creation of a Florida Section of the Association. The petition was presented by the writer in the absence of Mr. J. E. Gibson of Charleston, S. C. trustee for the Southern District. The executive committee of the Association was somewhat adverse to granting this section but after arguments were presented as to our geographical location, etc., the motion to create the section was made by Mr. Abel Wolman of Baltimore and passed. Floridians at the meeting were Mr. Anson Squires of Tampa Water Department; F. W. Lane of the St. Petersburg Department; Mr. O. Z. Tyler of the Jacksonville Water Department; and Mr. J. F. Ahern of the Fairbanks Morse Co., Jacksonville. The petition was signed by: H. N. Parker, G. W. Simons, Jr., J. F. Ahern, E. L. Filby, O. Z. Tyler, Jacksonville; G. A. Main, G. A. Graham of Daytona Beach; R. E. Daugherty, John L. Hyland, A. G. Barnett, Y. C. Mar, C. L. Rice, West Palm Beach; C. W. Murray, J. R. Howland; H. H. Hymans, Miami; A. P. Michaels, C. P. Rhymus, G. H. Bishop, Orlando; W. N. Jones, A. W. Squires, Tampa; W. Morlan, Zephyrhills; F. J. Stewart, Hollywood; C. C. Brown, Lakeland; J. A. Dissell, Crescent City.

Every water works man in Florida is urged to become a member and when our meeting is held in the fall to come—get into the discussion and get to know your neighbor. The Florida section of the American Water Works Ass'n hopes to be the clearing house for water works dope to the betterment of the quantity and quality of our workers and enlightenment of the general public as to the position of responsibility the water works superintendent holds.

## BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D.P.H., Director

## INFANT MORTALITY

The infant mortality rate is often taken as an index to sanitary conditions of a community or state. In this day of progress in preventive medicine, a high infant mortality rate is accepted as an index for conditions needing attention, while on the other hand, a low infant mortality rate is looked on with pride by any community, and necessarily so. Many factors play important roles in the fluctuation of infant mortality rates—prosperity, living conditions, housing, race, and many other factors might be mentioned.

A glance over the birth records in Florida naturally make us look with pride at the infant mortality rate of 74 for 1925 which represents the lowest infant mortality rate since the first records in this State were available. In 1917, the infant mortality rate in Florida was 106 as compared with a rate of 74 for 1925. Infant mortality among the whites also is lower for 1925 than for any other year since vital records were available. The rate of 104 for the colored is the lowest on record and was only equaled once previously, which was in 1922. The infant mortality rate as given in provisional figures from the United States Bureau of the Census for 1925 shows a rate of 71.5 for the United States registration area and the rates for states fluctuate from 51.2 for Oregon to 90.4 for Maryland. The white rate in Florida of 61 compares favorably with the white population of other states.

While it is gratifying to observe a reduction in the infant mortality rate in Florida, it is only a stimulus for more and better work along this line. Every dollar that can be spared from the State Board of Health millage is directed to this channel and the saving of Florida babies will strengthen the greatest asset of this wonderful state.

For comparison, I am reproducing a table showing the deaths of infants under one year of age per thousand living births reported 1917 to 1925, inclusive.

| YEAR | Total Rate<br>Per 1000 Births | White Rate<br>Per 1000 Births | Colored Rate<br>Per 1000 Births |
|------|-------------------------------|-------------------------------|---------------------------------|
| 1925 | 74                            | 61                            | 104                             |
| 1924 | 82                            | 70                            | 107                             |
| 1923 | 78                            | 65                            | 106                             |
| 1922 | 77                            | 65                            | 104                             |
| 1921 | 80                            | 66                            | 112                             |
| 1920 | 94                            | 76                            | 134                             |
| 1919 | 89                            | 72                            | 126                             |
| 1918 | 107                           | 91                            | 145                             |
| 1917 | 106                           | 86                            | 155                             |

**BUREAU OF VITAL STATISTICS—(Continued)**  
**INFANT MORALITY**

**Deaths of Infants Under One Year of Age and Rates Per 1000 Living  
 Birth by Color and by Counties—1925**

| COUNTIES           | Total                 |                         | White                 |                         | Colored               |                         |
|--------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
|                    | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births |
| 0. State.....      | 2179                  | 74                      | 1219                  | 61                      | 960                   | 104                     |
| 1. Alachua.....    | 43                    | 62                      | 20                    | 54                      | 23                    | 71                      |
| 2. Baker.....      | 5                     | 29                      | 4                     | 30                      | 1                     | 26                      |
| 3. Bay.....        | 34                    | 98                      | 19                    | 77                      | 15                    | 147                     |
| 4. Bradford.....   | 13                    | 70                      | 8                     | 56                      | 5                     | 114                     |
| 5. Brevard.....    | 18                    | 64                      | 13                    | 66                      | 5                     | 59                      |
| 6. Broward.....    | 48                    | 118                     | 27                    | 102                     | 21                    | 151                     |
| 7. Calhoun.....    | 11                    | 41                      | 7                     | 34                      | 4                     | 64                      |
| 55. Charlotte..... | 4                     | 54                      | 4                     | 68                      | .....                 | .....                   |
| 8. Citrus.....     | 7                     | 71                      | 5                     | 83                      | 2                     | 53                      |
| 9. Clay.....       | 9                     | 95                      | 9                     | 120                     | .....                 | .....                   |
| 62. Collier.....   | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 10. Columbia.....  | 27                    | 66                      | 17                    | 67                      | 10                    | 64                      |
| 11. Dade.....      | 292                   | 97                      | 130                   | 67                      | 162                   | 149                     |
| 12. DeSoto.....    | 12                    | 55                      | 10                    | 52                      | 2                     | 71                      |
| 56. Dixie.....     | 6                     | 76                      | 4                     | 64                      | 2                     | 118                     |
| 13. Duval.....     | 231                   | 77                      | 114                   | 57                      | 117                   | 115                     |
| 14. Escambia.....  | 116                   | 104                     | 74                    | 84                      | 42                    | 181                     |
| 53. Flagler.....   | 4                     | 108                     | 2                     | 143                     | 2                     | 87                      |
| 15. Franklin.....  | 5                     | 42                      | 3                     | 46                      | 2                     | 38                      |
| 16. Gadsden*.....  | 35                    | 62                      | 18                    | 81                      | 17                    | 49                      |
| 57. Glades.....    | 1                     | 21                      | 1                     | 21                      | .....                 | .....                   |
| 17. Hamilton.....  | 12                    | 52                      | 6                     | 43                      | 6                     | 65                      |
| 58. Hardee.....    | 12                    | 50                      | 10                    | 45                      | 2                     | 133                     |
| 63. Hendry.....    | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 18. Hernando.....  | 4                     | 50                      | 3                     | 53                      | 1                     | 43                      |
| 59. Highlands..... | 7                     | 50                      | 7                     | 60                      | .....                 | .....                   |
| 19. Hillsboro..... | 214                   | 69                      | 130                   | 52                      | 84                    | 149                     |
| 20. Holmes.....    | 15                    | 57                      | 14                    | 56                      | 1                     | 63                      |
| 21. Jackson.....   | 49                    | 64                      | 27                    | 63                      | 22                    | 66                      |

\*Record of State Hospital Inmates Included.



## BUREAU OF VITAL STATISTICS—(Continued)

## INFANT MORTALITY—(Continued)

| COUNTIES            | Total                 |                         | White                 |                         | Colored               |                         |
|---------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
|                     | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births |
| 22. Jefferson.....  | 35                    | 86                      | 7                     | 77                      | 28                    | 89                      |
| 23. Lafayette.....  | 10                    | 77                      | 10                    | 90                      | .....                 | .....                   |
| 24. Lake.....       | 23                    | 60                      | 12                    | 46                      | 11                    | 89                      |
| 25. Lee.....        | 25                    | 85                      | 17                    | 70                      | 8                     | 154                     |
| 26. Leon.....       | 18                    | 44                      | 8                     | 66                      | 10                    | 35                      |
| 27. Levy.....       | 16                    | 68                      | 9                     | 60                      | 7                     | 80                      |
| 28. Liberty.....    | 6                     | 57                      | 3                     | 44                      | 3                     | 81                      |
| 29. Madison.....    | 30                    | 92                      | 13                    | 98                      | 17                    | 88                      |
| 30. Manatee.....    | 40                    | 87                      | 25                    | 82                      | 15                    | 97                      |
| 31. Marion.....     | 50                    | 94                      | 20                    | 85                      | 30                    | 102                     |
| 32. Monroe.....     | 29                    | 91                      | 18                    | 70                      | 11                    | 175                     |
| 33. Nassau.....     | 10                    | 49                      | 6                     | 56                      | 4                     | 41                      |
| 34. Okaloosa.....   | 14                    | 52                      | 13                    | 52                      | 1                     | 48                      |
| 54. Okeechobee..... | 3                     | 40                      | 3                     | 54                      | .....                 | .....                   |
| 35. Orange.....     | 61                    | 77                      | 36                    | 60                      | 25                    | 128                     |
| 36. Osceola.....    | 9                     | 51                      | 6                     | 42                      | 3                     | 83                      |
| 37. Palm Beach..... | 91                    | 89                      | 50                    | 76                      | 41                    | 113                     |
| 38. Pasco.....      | 12                    | 61                      | 8                     | 52                      | 4                     | 95                      |
| 39. Pinellas.....   | 107                   | 91                      | 57                    | 63                      | 50                    | 187                     |
| 40. Polk.....       | 89                    | 57                      | 68                    | 53                      | 21                    | 79                      |
| 41. Putnam.....     | 24                    | 63                      | 11                    | 59                      | 13                    | 67                      |
| 42. St. Johns.....  | 14                    | 49                      | 9                     | 46                      | 5                     | 55                      |
| 43. St. Lucie.....  | 14                    | 41                      | 5                     | 23                      | 9                     | 74                      |
| 44. Santa Rosa..... | 8                     | 25                      | 8                     | 31                      | .....                 | .....                   |
| 60. Sarasota.....   | 10                    | 52                      | 6                     | 40                      | 4                     | 100                     |
| 45. Seminole.....   | 42                    | 108                     | 17                    | 83                      | 25                    | 135                     |
| 46. Sumter.....     | 11                    | 61                      | 7                     | 53                      | 4                     | 85                      |
| 47. Suwannee.....   | 16                    | 52                      | 7                     | 36                      | 9                     | 76                      |
| 48. Taylor.....     | 16                    | 75                      | 12                    | 78                      | 4                     | 66                      |
| 61. Union.....      | 3                     | 20                      | 3                     | 27                      | .....                 | .....                   |
| 49. Volusia.....    | 55                    | 83                      | 31                    | 71                      | 24                    | 106                     |
| 50. Wakulla.....    | 5                     | 57                      | 1                     | 23                      | 4                     | 89                      |
| 51. Walton.....     | 31                    | 84                      | 18                    | 64                      | 13                    | 151                     |
| 52. Washington..... | 18                    | 60                      | 9                     | 42                      | 9                     | 110                     |

## BUREAU OF VITAL STATISTICS—(Continued)

## Deaths of Infants Under One Year of Age and Rates per 1,000 Living Births by Color for Municipalities—1925

| CITIES                                          |                               | Total Deaths<br>Under 1 Yr. Rate |     | White Deaths<br>Under 1 Yr. Rate |       | Colored Deaths<br>Under 1 Yr. Rate |     |
|-------------------------------------------------|-------------------------------|----------------------------------|-----|----------------------------------|-------|------------------------------------|-----|
| For Municipalities of 5,000 Population or Over  |                               |                                  |     |                                  |       |                                    |     |
| 30-51                                           | Bradenton.....                | 17                               | 128 | 13                               | 130   | 4                                  | 121 |
| 39-53                                           | Clearwater.....               | 17                               | 187 | 7                                | 95    | 10                                 | 588 |
| 49-51                                           | Daytona Beach.....            | 16                               | 68  | 9                                | 69    | 7                                  | 69  |
| 49-51                                           | DeLand.....                   | 16                               | 123 | 9                                | 90    | 7                                  | 233 |
| 6-51                                            | Ft. Lauderdale.....           | 27                               | 133 | 16                               | 110   | 11                                 | 193 |
| 25-51                                           | Ft. Myers.....                | 14                               | 70  | 8                                | 53    | 6                                  | 128 |
|                                                 |                               |                                  |     |                                  |       |                                    |     |
| 1-51                                            | Gainesville.....              | 10                               | 54  | 2                                | 19    | 8                                  | 99  |
|                                                 | Jacksonville.....             | 202                              | 77  | 94                               | 55    | 108                                | 117 |
| 13-51                                           | Jacksonville, Except.....     | 196                              | 78  | 90                               | 56    | 106                                | 117 |
| 13-52                                           | So. Jacksonville Borough..... | 6                                | 54  | 4                                | 44    | 2                                  | 95  |
| 32-51                                           | Key West.....                 | 29                               | 91  | 18                               | 71    | 11                                 | 175 |
| 40-51                                           | Lakeland.....                 | 33                               | 76  | 30                               | 82    | 3                                  | 45  |
| 11-51                                           | Miami.....                    | 241                              | 99  | 100                              | 66    | 141                                | 155 |
| 31-51                                           | Ocala.....                    | 14                               | 84  | 7                                | 65    | 7                                  | 119 |
|                                                 |                               |                                  |     |                                  |       |                                    |     |
| 35-51                                           | Orlando.....                  | 42                               | 77  | 24                               | 58    | 18                                 | 137 |
| 41-51                                           | Palatka.....                  | 10                               | 59  | 3                                | 34    | 7                                  | 86  |
| 14-51                                           | Pensacola.....                | 83                               | 120 | 52                               | 95    | 31                                 | 210 |
| 19-53                                           | Plant City.....               | 5                                | 23  | 4                                | 24    | 1                                  | 18  |
| 42-51                                           | St. Augustine.....            | 10                               | 47  | 9                                | 53    | 1                                  | 24  |
| 39-51                                           | St. Petersburg.....           | 65                               | 82  | 32                               | 56    | 33                                 | 151 |
|                                                 |                               |                                  |     |                                  |       |                                    |     |
| 45-51                                           | Sanford.....                  | 17                               | 77  | 4                                | 33    | 13                                 | 131 |
| 60-51                                           | Sarasota.....                 | 8                                | 55  | 4                                | 35    | 4                                  | 121 |
| 26-51                                           | Tallahassee.....              | 8                                | 44  | 5                                | 60    | 3                                  | 31  |
| 19-51                                           | Tampa.....                    | 173                              | 77  | 99                               | 54    | 74                                 | 173 |
| 37-51                                           | W. Palm Beach.....            | 66                               | 103 | 27                               | 68    | 39                                 | 161 |
|                                                 |                               |                                  |     |                                  |       |                                    |     |
| For Municipalities of 2,500 to 5,000 Population |                               |                                  |     |                                  |       |                                    |     |
| 15-51                                           | Apalachicola.....             | 3                                | 34  | 1                                | 22    | 2                                  | 45  |
| 12-51                                           | Arcadia.....                  | 9                                | 77  | 7                                | 71    | 2                                  | 111 |
| 40-52                                           | Bartow.....                   | 4                                | 37  | 1                                | 14    | 3                                  | 83  |
| 11-54                                           | Cocoanut Grove.....           | 10                               | 189 | .....                            | ..... | 10                                 | 217 |
| 33-51                                           | Fernandina.....               | 6                                | 95  | 2                                | 71    | 4                                  | 114 |
| 43-51                                           | Fort Pierce.....              | 6                                | 40  | 3                                | 28    | 3                                  | 71  |

## BUREAU OF VITAL STATISTICS—(Continued)

## INFANT MORTALITY—(Continued)

| CITIES                                                      | Total                 |                         | White                 |                         | Colored               |                         |
|-------------------------------------------------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
|                                                             | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births |
| For Municipalities of 2,500 to 5,000 Population—(Continued) |                       |                         |                       |                         |                       |                         |
| 36-51 Kissimmee.....                                        | 1                     | 11                      | 1                     | 14                      | .....                 | .....                   |
| 10-51 Lake City.....                                        | 11                    | 102                     | 7                     | 85                      | 4                     | 154                     |
| 40-62 Lake Wales.....                                       | 2                     | 28                      | 2                     | 41                      | .....                 | .....                   |
| 37-53 Lake Worth.....                                       | 15                    | 136                     | 15                    | 138                     | .....                 | .....                   |
| 24-51 Leesburg.....                                         | 4                     | 61                      | 3                     | 83                      | 1                     | 33                      |
| 47-51 Live Oak.....                                         | 1                     | 23                      | .....                 | .....                   | 1                     | 45                      |
| 30-54 Manatee.....                                          | 8                     | 110                     | 5                     | 98                      | 3                     | 136                     |
| 21-51 Marianna.....                                         | 4                     | 71                      | .....                 | .....                   | 4                     | 333                     |
| 49-53 New Smyrna.....                                       | 8                     | 82                      | 3                     | 49                      | 5                     | 139                     |
| 30-53 Palmetto.....                                         | 6                     | 79                      | .....                 | .....                   | 6                     | 143                     |
| 16-51 Quincy.....                                           | 3                     | 38                      | 3                     | 71                      | .....                 | .....                   |
| 39-52 Tarpon Springs.....                                   | 8                     | 114                     | 6                     | 102                     | 2                     | 182                     |
| 58-51 Wauchula.....                                         | 8                     | 108                     | 7                     | 97                      | 1                     | 500                     |
| 40-54 Winter Haven.....                                     | 7                     | 53                      | 5                     | 40                      | 2                     | 286                     |
| For Municipalities of 1,000 to 2,500 Population             |                       |                         |                       |                         |                       |                         |
| 35-54 Apopka.....                                           | 3                     | 130                     | 2                     | 154                     | 1                     | 100                     |
| 40-56 Auburndale.....                                       | 1                     | 18                      | 1                     | 20                      | .....                 | .....                   |
| 59-51 Avon Park.....                                        | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 7-51 Blountstown.....                                       | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 20-51 Bonifay.....                                          | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 18-51 Brooksville.....                                      | 2                     | 69                      | 1                     | 59                      | 1                     | 83                      |
| 15-52 Carrabelle.....                                       | 2                     | 111                     | 2                     | 182                     | .....                 | .....                   |
| 52-51 Chipley.....                                          | 3                     | 58                      | 1                     | 28                      | 2                     | 125                     |
| 5-52 Cocoa.....                                             | 3                     | 53                      | 2                     | 63                      | 1                     | 40                      |
| 41-52 Crescent City.....                                    | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 38-51 Dade City.....                                        | 3                     | 60                      | 3                     | 88                      | .....                 | .....                   |
| 6-56 Dania.....                                             | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 49-56 Daytona Beach.....                                    | 1                     | 91                      | 1                     | 91                      | .....                 | .....                   |
| 51-51 DeFuniak Spgs..                                       | 9                     | 125                     | 7                     | 123                     | 2                     | 133                     |
| 37-52 Delray.....                                           | 4                     | 56                      | 3                     | 100                     | 1                     | 24                      |
| 39-55 Dunedin.....                                          | 4                     | 133                     | 3                     | 136                     | 1                     | 125                     |
| 31-52 Dunnellon.....                                        | 5                     | 135                     | 3                     | 188                     | 2                     | 95                      |
| 24-52 Eustis.....                                           | 3                     | 54                      | 1                     | 28                      | 2                     | 100                     |

# **BUREAU OF VITAL STATISTICS—(Continued)** **INFANT MORTALITY—(Continued)**

| MUNICIPALITIES                                              | Total                 |                         | White                 |                         | Colored               |                         |
|-------------------------------------------------------------|-----------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
|                                                             | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births | Deaths<br>Under 1 Yr. | Rate Per<br>1000 Births |
| For Municipalities of 2,500 to 5,000 Population—(Continued) |                       |                         |                       |                         |                       |                         |
| 40-53 Ft. Meade.....                                        | 6                     | 107                     | 2                     | 57                      | 4                     | 190                     |
| 21-52 Graceville.....                                       | 1                     | 29                      | 1                     | 34                      | .....                 | .....                   |
| 9-52 Green Cove Spgs.....                                   | 3                     | 75                      | 3                     | 130                     | .....                 | .....                   |
| 40-57 Haines City.....                                      | 4                     | 61                      | 2                     | 36                      | 2                     | 182                     |
| 1-52 High Springs.....                                      | 4                     | 63                      | 3                     | 68                      | 1                     | 50                      |
| 11-52 Homestead.....                                        | 5                     | 79                      | 4                     | 93                      | 1                     | 50                      |
| 8-52 Inverness.....                                         | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 17-51 Jasper.....                                           | 3                     | 56                      | 1                     | 30                      | 2                     | 95                      |
| 49-55 Lake Helen.....                                       | 1                     | 50                      | .....                 | .....                   | 1                     | 71                      |
| 29-51 Madison.....                                          | 7                     | 109                     | 2                     | 74                      | 5                     | 135                     |
| 5-54 Melbourne.....                                         | 1                     | 23                      | 1                     | 25                      | .....                 | .....                   |
| 11-55 Miami Beach.....                                      | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 3-52 Millville.....                                         | 7                     | 99                      | 5                     | 88                      | 2                     | 143                     |
| 44-51 Milton.....                                           | 2                     | 29                      | 2                     | 38                      | .....                 | .....                   |
| 22-51 Monticello.....                                       | 5                     | 81                      | 2                     | 91                      | 3                     | 75                      |
| 24-53 Mt. Dora.....                                         | 1                     | 42                      | 1                     | 56                      | .....                 | .....                   |
| 40-55 Mulberry.....                                         | 2                     | 71                      | 2                     | 77                      | .....                 | .....                   |
| 54-51 Okeechobee.....                                       | 2                     | 32                      | 2                     | 42                      | .....                 | .....                   |
| 49-54 Ormond.....                                           | 3                     | 88                      | 2                     | 143                     | 1                     | 50                      |
| 37-55 Palm Beach.....                                       | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 3-51 Panama City.....                                       | 5                     | 100                     | 3                     | 97                      | 2                     | 105                     |
| 48-51 Perry.....                                            | 4                     | 85                      | 2                     | 61                      | 2                     | 143                     |
| 6-53 Pompano.....                                           | 9                     | 225                     | 2                     | 100                     | 7                     | 350                     |
| 19-54 Pt. Tampa City.....                                   | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 55-51 Punta Gorda.....                                      | 2                     | 38                      | 2                     | 48                      | .....                 | .....                   |
| 16-55 River Junction.....                                   | 9                     | 155                     | 6                     | 154                     | 3                     | 158                     |
| 3-53 St. Andrews.....                                       | 5                     | 135                     | 4                     | 121                     | 1                     | 250                     |
| 36-52 St. Cloud.....                                        | 1                     | 71                      | 1                     | 71                      | .....                 | .....                   |
| 49-58 Seabreeze.....                                        | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 59-52 Sebring.....                                          | 3                     | 48                      | 3                     | 61                      | .....                 | .....                   |
| 4-51 Starke.....                                            | 1                     | 56                      | 1                     | 67                      | .....                 | .....                   |
| 67-51 Stuart.....                                           | 1                     | 19                      | 1                     | 26                      | .....                 | .....                   |
| 5-51 Titusville.....                                        | 5                     | 104                     | 4                     | 125                     | 1                     | 63                      |
| 66-62 Vero Beach.....                                       | .....                 | .....                   | .....                 | .....                   | .....                 | .....                   |
| 35-53 Winter Garden.....                                    | 4                     | 100                     | 1                     | 32                      | 3                     | 333                     |
| 35-52 Winter Park.....                                      | 3                     | 70                      | 3                     | 97                      | .....                 | .....                   |

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HUMAN LIFE IS THE STATE'S GREATEST ASSET



# HEALTH NOTES

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Edited by  
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Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

**B. L. ARMS, M. D., STATE HEALTH OFFICER**  
Jacksonville

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†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

**ADMINISTRATION****B. L. Arms, M.D., State Health Officer****THE STATE BOARD OF HEALTH MILLAGE**

Lest there be a misunderstanding in regard to the recent cut in the millage from a half mill to three eighths of a mill let me call your attention to the fact, that the increased valuation of the taxable property in the State will produce more money from taxes than ever before, hence the cut is more apparent than real.

The estimated receipts will give us an amount that will allow us to keep up the various lines of work we are now carrying on.

While we would gladly undertake other problems, and there are others that need to be undertaken, we must have legislative action before they can be taken up and the legislature does not meet until next April. The last legislature passed the budget for the year ending June 30, 1927, and three eighths of a mill will produce as much revenue as we were allowed by that budget for the ensuing year.

It will be our aim to make such use of our funds that the next legislature will permit us to enlarge the scope of work carried on in the interest of public health. We wish to have everyone feel that the health of each person in the State, whether citizen or visitor, is as carefully guarded as it would be in any State or city and we ask the cooperation of all to bring this about.

Last winter some of us neglected the protection against smallpox and not only contracted the disease but exposed others and smallpox is a disease that no one need have unless they want it, nor need our children have diphtheria for all are offered the means to prevent it. In spite of the fact that we do not need have diphtheria there were 105 deaths in the State from this disease in 1925, and all of them could have been prevented.

Some of us are now breeding mosquitoes that bother us and our neighbors as well and it is well to make a careful inspection of our own premises before we complain about the prevalence of these pests some of which may be disease carriers.

There are still some places in the State where human excreta is not properly disposed of and here too we are endangering ourselves and others. Lets all pull together and we can work wonders.

————— F. H. N. —————

**LOST**—State Board of Health Nurse's Badge No. 2, at Melbourne Beach during April. Finder please return to Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Jacksonville, Florida.

**BUREAU OF COMMUNICABLE DISEASES****F. A. Brink, M.D., Director****DELAY MAY BE FATAL IN DIPHTHERIA OR "CROUP"**

Too many children die from diphtheria solely because of delay in the use of antitoxin. In every such case someone has been remiss in his duty. Surely no father, no mother, no doctor would purposely postpone proper treatment for a sick child—no one cares to feel responsible for the death of a child that has been entrusted to his care.

Every now and then the State Board of Health is consulted about a case of diphtheria where the child has complained for several days and the parents, supposing the trouble to be an ordinary sore throat, did not call the doctor until the condition became alarming. Antitoxin is always given to these patients, large doses of it, and sometimes it turns the tide in favor of the child, but all too frequently the poison of the diphtheria germ has done its work and the little one passes away. A pitiful instance of this sort is fresh in the mind of the writer; the mother had just lost a child from diphtheria and, in spite of warning, she delayed calling the doctor until the third day after the other sickened, and it went like the first. Whenever a child has a sore throat or becomes hoarse or croupy, diphtheria should be suspected and the patient should be examined by a doctor. If there is any suspicion that the symptoms are due to diphtheria, antitoxin should be administered promptly and freely, the longer its use is delayed the greater the danger of death. If treatment has been delayed or the case is a severe one the antitoxin should be given directly into the vein.

The terms "croup" and "membranous croup" are dangerous because in many instances their application to cases of diphtheria has been the cause of a fatal delay in the administration of antitoxin, the chief and only reliable remedy.

Antitoxin is furnished free to physicians by the State Board of Health for the treatment of diphtheria, but it is not furnished or recommended as a preventive. The March issue of Health Notes contains a list of distributing stations where it can be obtained.

It should not be forgotten that toxin-antitoxin immunization is an effective preventive of diphtheria.

— F. H. N. —

**CREEPING ERUPTION—A WARNING**

A very distressing skin trouble occurring in all the South Atlantic and Gulf States is caused by a microscopic nematode (worm) and is known as creeping eruption.

Extensive studies of the disease were made in the summer of 1924, and again in 1925 by Dr. J. L. Kirby-Smith of Jacksonville and others cooperating with the State Board of Health. Important information as to the source and treatment of creeping eruption was gained from these studies and published by Dr. Kirby-Smith and his co-workers in the Archives of Dermatology and Syphilology, February, 1926.

The disease manifests itself as one or many intensely itching linear



**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

burrows, like those made in the garden by moles, slightly elevated and reddened, increasing in length day by day as the worm progresses in its migrations between the deeper layers of the skin. In practically all cases of creeping eruption the patient has been in contact with moist earth contaminated with drainage from stables, outhouses, etc., or the excrement of animals in localities such as the margin of fresh water lakes, or sluggish streams, along the roadside, under houses, at the beach well back from the salt water or near the outlet of drain pipes.

Children wading in shallow muddy pools after a rain were particularly liable to develop the disease. A number of persons acquired it from working in the garden or flower bed, others from sitting or lying on the damp ground to adjust the underparts of an automobile. Children have it after playing in wet sand or making mud pies. It is distinctly a disturbance of the rainy season, usually makes its appearance in May and new cases continue to appear until November.

This disease, if not skillfully treated is apt to be very persistent and distressing, and the State Board of Health recommends the measures proposed by the investigators for its prevention, namely; that intimate contact with damp contaminated soil be avoided during the warm months and that when such contact has taken place a thorough and vigorous cleansing of the skin after such contact will greatly reduce the danger of infestation. In all cases after eruption has developed the patient should go to a physician.

————— F. H. N. —————

**CHILD HYGIENE AND PUBLIC HEALTH NURSING**

**Mrs. Laurie Jean Reid, R.N., Director**

**QUALIFICATIONS REQUIRED IN NURSING**

Too often it is taken for granted that any kindly disposed woman would make a good nurse.

The following paragraph from the prospective of the Hunan-Yale School of Nursing, Changsha, China, has summed up in a few words the essentials without which no young woman should consider nursing as a profession.

"To make a good nurse one must have an alert and understanding mind, good judgment, refined and wholesome tastes, and sufficient knowledge of the sound fundamentals on which a professional training can be built. Good nurses are not made from any stereotyped pattern. Indeed there is no profession where individuality is more needed, and where people of varying temperament and personality can find a wider range of congenial possibilities. There are, however, a few essentials in considering one's fitness for this work. A nurse should be strong, because people will lean on her; she should be trustworthy, because people will confide in her; she must have a certain degree of steadiness and self-reliance, for heavy responsibilities will sometimes be put upon her. Needless to say she should have the spirit of service

**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

and a keen interest in human beings of all classes and kinds. Tact and the right kind of sympathy are highly important. A sense of humor, resourcefulness, and adaptability should be put among the essentials. Many other desirable qualities will be developed by the right sort of training. Certain types, such as the incurable lazy, the sentimental, morbid, or unreliable, have no place in a school of nursing."

F. H. N. —————

The biggest stumbling block to the nurse has always been "reports". It seems to be so much easier to accomplish results by actual labor than to make a report on paper afterwards. The following clipping from *The Lancet*, London, gives one solution.

"The head of an Oriental town, a Mohammedan, being asked by the government to reply to certain questions relating to his city, sent in the following paper:"

"Question—What is the death rate per thousand in your city?"

"Answer—In my city it is the will of Allah that all must die, some die old, some young."

"Question—What is the annual number of births?"

"Answer—We don't know; only God can say."

"Question—Are the supplies of drinking water sufficient and of good quality?"

"Answer—From the remotest period no one has ever died of thirst."

"Question—What is the general hygienic condition of your city?"

"Answer—Since Allah sent us Mohammed, his prophet, to purge the world with fire and sword, there has been great improvement. And now, my lamb of the West, cease your questioning, which can do no good either to you or any one else."

F. H. N. —————  
**VACATIONS FOR NURSES**

An old adage says, "The proof of the pudding is in the eating". Applied to the public health nurse, this should mean that she "looks the part". In other words, it is a very difficult matter for a nurse who is not in good health, to preach health to others. The nurse who enters the school room, clinic room or home, with springy step, bright eyes, and with a general air of "vim, vigor and vitality", can usually put over her message, especially if a sunny smile accompanies the message.

F. H. N. —————

With the numerous summer courses given in the Universities where public health nurses may get the last word on their problems, the temptation is great to spend all their vacation time in study. Granted that it is necessary for nurses to keep up professionally, sufficient real vacation time should be arranged for so that the nurse may get away from her work and everything that would suggest it to her and just play. Here's hoping that the beginning of the school term brings back to the various counties and communities a group of rested, happy, well informed nurses, eager to try out some new theories learned in summer school, as well as new games acquired during their play time.

**BUREAU OF DIAGNOSTIC LABORATORIES****Pearl Griffith, B.E., Acting Director****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF JUNE, 1926**

|                        | Jackson-<br>ville | Tampa       | Pensa-<br>cola | Miami       | Talla-<br>hassee* | Total       |
|------------------------|-------------------|-------------|----------------|-------------|-------------------|-------------|
| Animal Parasites ..... | 1233              | 487         | 130            | 203         | 92                | 2145        |
| Diphtheria .....       | 146               | 113         | 6              | 170         | 2                 | 437         |
| Typhoid .....          | 240               | 221         | 39             | 56          | 15                | 571         |
| Malaria .....          | 329               | 213         | 39             | 56          | 26                | 663         |
| Rabies .....           | 18                | 4           | .....          | .....       | .....             | 22          |
| Tuberculosis .....     | 190               | 89          | 11             | 24          | 1                 | 315         |
| Gonorrhoea .....       | 349               | 190         | 16             | 88          | 4                 | 647         |
| Syphilis .....         | 2208              | 682         | .....          | 467         | .....             | 3357        |
| Water: Bact. Exam..... | .....             | 43          | .....          | 59          | .....             | 102         |
| Water: Chem. Exam..... | .....             | .....       | .....          | 103         | .....             | 103         |
| Milk: Bact. Exam.....  | 31                | 30          | 19             | 251         | .....             | 331         |
| Milk: Chem. Exam.....  | 33                | 13          | 20             | 701         | .....             | 767         |
| Miscellaneous: .....   | 59                | 36          | 17             | 129         | .....             | 241         |
|                        | <u>4836</u>       | <u>2121</u> | <u>297</u>     | <u>2307</u> | <u>140</u>        | <u>9701</u> |

Specimen Containers Distributed.....5066

**BIOLOGICAL PRODUCTS DISTRIBUTED DURING JUNE, 1926**

|                              |                        |               |
|------------------------------|------------------------|---------------|
| Diphtheria Antitoxin.....    | 10,000 units           | 99 Pkgs.      |
|                              | 5,000 units            | 9 Pkgs.       |
| Toxin Antitoxin.....         |                        | 1754 c.c.     |
| Tetanus Antitoxin.....       | 20,000 units           | 17 Pkgs.      |
|                              | 10,000 units           | 14 Pkgs.      |
|                              | 1,500 units            | 872 Pkgs.     |
| Typhoid Vaccine.....         | Plain                  | 1971 Pkgs.    |
|                              | Plain (20 c.c. vials)  | 122 Vials     |
|                              | Triple                 | 813 Pkgs.     |
|                              | Triple (20 c.c. vials) | 92 Vials      |
| Vaccine Virus.....           |                        | 5655 Points   |
| Antimeningococcus Serum..... |                        | 5 Cylinders   |
| Antirabic Virus.....         |                        | 25 Treatments |

Carbon Tetrachloride.....7440 Capsules

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**

\*Tallahassee Laboratory closed since June 10, 1926.

**BUREAU OF ENGINEERING****Ellsworth L. Filby, C.E., Chief Engineer****TROUBLES**

Fire insurance companies usually employ on their staff a man called an "adjuster" and telephone or telegraph companies employ "trouble shooters". The first acts after the damage is all done and relief in the form of monetary compensation is due. He may be several days in getting to the scene of the disaster and he usually goes about his work deliberately. The trouble shooter of telephone fame is the always ready "on his toes" man that when trouble develops, gets on the job and restores service as soon as possible. Storm or danger never phase him; when the call of trouble comes in, he goes, finds it and fixes it.

The State Board of Health personnel, in the Engineering Bureau, have to be combinations of the "adjuster", the "trouble shooter" and a third "unknown". The duties of this "unknown" are to prevent disease transmittable by water, both drinking and swimming pool, water in the form of ice; by milk; by improper sewage disposal both municipal and residential; by flies and mosquitoes and a host of other transmitting agencies. The unknown must include some ability to solve mysteries, to ferret out mechanical mazes and to soothe the turbulent waters of popular opinion.

It is the "unknown" quality that we are interested in for it is the quality that solves the troubles that arise. On the glorious fourth of July one of our District Engineers was strolling down one of the main streets of—accompanied by two friends employed by the water company supplying water in that city when their attention was called to the fact that the city water was highly salty and colored as it came from the service taps along that street. Prompt investigation revealed that this salty, colored water had entered the drinking water mains through a cross connection between these mains and those of the city high pressure fire protection service mains. The cross connection was located in the plant of the local power company.

Investigation revealed that the city owns and operates a system known as the "City High Pressure System" for fire protection, pumping water from an adjacent lake that is grossly polluted with practically untreated sewage from this city. This system in addition furnishes water for condensing purposes to the Power Company. The Power Company have wells furnishing water for condenser purposes but must have an auxiliary supply in case of peak loads as at this time the wells do not furnish the required amount of water. The City High Pressure System is usually started at 5 P.M. on week days and 6 P.M. on Sundays. An exceptional power demand load on the Power Company before these hours requires an additional supply of water to meet the additional demand for condenser water. The wells cannot supply this demand so a direct connection was made between the city high pressure line and the Water Company mains inside the plant of the Power Company. This connection was protected only by a gate valve



**BUREAU OF ENGINEERING—(Continued)**

and was made without the knowledge of the Water Company. There are conflicting stories on the extent of the use of this connection; but it is used at least once a week and probably every day.

Sunday, July 4th at 5:00 P.M. the Power Company was forced to carry a large load and as the City High Pressure was not working at that time it was necessary to have additional water over the amount that the wells were furnishing so the valve of the Water Company line was opened. At 6:00 P.M. pumping started on the City High Pressure line and the valve on the Water Company line being forgotten was left open. For 30 minutes from 6:00 to 6:30 P.M. polluted lake water was forced into the mains, the pressure on the City High Pressure systems being 80lb and the Water Company Mains, 45lb. The pressure was under normal at the Power Company which made the operator remember that the valve had been left open.

Immediately upon finding this condition existing which was about 8:45 P.M. all mains in the vicinity of ..... street were flushed and the chlorine dosage at the water plant boosted to 1.0 part per million.

Samples of water taken during the flushing of the mains showed gas formation in a one cubic centimeter and 10 cubic centimeter inoculation, and the one tenth being negative. The cross connection was ordered disconnected by Monday morning.

Prompt elimination of this serious connection was ordered and complied with immediately by the Power Company. Additional condenser water from the drinking water mains is now secured by having the drinking water mains discharge into an elevated tank. This discharge is located 6 inches above the overflow waste pipe of the tank so there is no possibility of polluted water getting back into the mains. It is interesting to note that the Power Company anticipated the official order to eliminate all physical connections by acting on the verbal orders of our field engineer. They are further painting the lines containing polluted water from the lake a vivid red and stenciling same "not to be used for drinking purposes".

Here is an instance of cross connections involving a privately owned and operated water company, a municipally owned high pressure fire protection system using grossly polluted lake water and the power company. The connection was inside the power company building and made without knowledge of the water company or city.

To date, July 20th, no undue enteric disturbances have resulted among the citizenry of that town. One more very probable source of infection eliminated after accidental discovery—verily the Gods are good to us!

How many cross connections, emergency intakes to polluted supplies, etc., are in your town? Do you know about your water supply?

By the way, Mr. Water Works official, have you joined the Florida Section of the American Water Works Association? Ask us for data on it. You will want to join!

## THE USE AND ABUSE OF SUGAR

In a radio health talk broadcast from WGY, Miss Jessie Cole, Nutritionist of the New York State Department of Health stated that the place of sugar in a person's diet depends upon the individual's requirements. "Food plans," said Miss Cole, "are like time tables—one needs to have some idea where he wants to go before they are much used. Certain it is that the tendency today is to use sugar with too many kinds of food. Its legitimate use is to make things palatable which otherwise would not be so and to provide a ready or quick form of energy, but the natural flavor of grains and the mild flavor of fruits should not be concealed by the addition of large quantities of sugar."

"In estimating the place of any food in the diet today," continued Miss Cole, "we must consider what its contribution is toward total nourishment—has it any or certain deficiencies and whether an unlimited or even liberal use of it is likely to make the diet one-sided or unbalanced in any way. Our bodies have certain nutritive requirements which can only be met through food. One of these requirements is a supply of energy sufficient to carry on the life processes, energy for growth, and energy for work. Food also must supply enough tissue building material of the right sort. Certain vitamins and minerals are necessary and we require both dilution and bulk or roughage in order to keep our machines running properly. After the period of earliest infancy when mother's milk is the natural and best food possible we find that no one food will meet all of the requirements of adequate diet. Hence, the importance of understanding the limitations and advantages of the many different articles of food.

"The thing we call 'sugar' which is the same thing whether manufactured from sugar cane or from beets—was until recently too expensive to be used by large numbers of people. Since the invention of machinery which has greatly increased the production of sugar and at the same time lessened its cost there has been the most rapid growth in its consumption. It has been stated that we are now using 120 pounds of sugar per person per year in this country while forty years ago the consumption was but eleven pounds per person per year. Here is a food almost universally popular, practically free from danger of adulteration, with excellent keeping qualities and cheap,—but with the ability to perform but one single nutritive function, namely, the provision of energy or fuel to the body. It cannot repair or build tissue; it can not furnish the necessary so-called 'growth promoting factors,' vitamins; it has none of the necessary mineral elements; it does not provide roughage or bulk, (the indigestible residue necessary to the action of healthy intestines).

"At the outset we must agree then that sugar is a one sided article of diet. It is simply a fuel food. Then, too, we must remember that there are other foods which serve the same purpose—starches and fats are fuel foods, as are other forms of sugar which occur in combination in milk, honey, corn, etc., and most of these contain other useful food substances besides sugar.

## THE USE AND ABUSE OF SUGAR—(Continued)

"In the process of digestion starches and sugars both resolve themselves finally into the same thing and serve the same purpose. Hence, the food value of starchy foods is not enhanced in any way by the addition of sugar. Yet we see people covering their cereal and others adding sugar to naturally sweet fruits. This would not be so bad if it were not that sugar satisfies or even blunts the appetite. It takes away the taste for everything but itself. Someone has said 'the candy eater always wants to go on eating candy.' That is why children should never have sweets between meals. The place of sweets is at the end of the meal. It is a matter of common observation that large amounts of sweets or sweetened foods are likely to be accompanied by fermentation of the stomach and intestines, and the effect of strong solutions of sugar on the mucus membranes such as line the digestive tract can be understood if one recalls the drawn feeling in the mouth if a piece of hard candy is held against the cheek for some time. This is due to the so-called 'water-abstracting power' of sugar and such an irritation if continued is detrimental to the stomach and intestines.

"Whether the eating of an excessive amount of sugar is directly the cause of any disease is not yet fully understood. It is well known that a diabetic is unable to use sugar unless he is treated with insulin, but it does not follow that eating sugar may produce the disease. However, in the absence of proof on such a point moderation is at least indicated.

"Sugar, we know is a fat former, that is, when more of it is taken than can be used for fuel or energy the excess is transformed into fat and stored as such. For this reason overweight people should use sugar sparingly. This advice is given because, as we have said, sugar is so often added to foods which do not need it, or is taken in the form of candy as an accessory to an already abundant diet.

"Experimental work such as has been carried on by the United States Department of Agriculture and elsewhere indicates that a normal individual can handle from 3 to 4 ounces of sugar per day without any ill effects. Athletes or those doing hard muscular work can apparently assimilate considerably larger amounts of it than can others, probably because we get such a quick turn-over of energy from sugar.

"Dr. Mary Swartz Rose says that 'the fact that children like sugar is no sign that they need it. They may like coffee or tea, too, but who would allow them to have those, both so detrimental to normal growth? The body can (and does) manufacture its own sugar from bread and cereals, fruits and vegetables; we need have no concern whatever about supplying it ourselves'. We venture to suggest that the activity of some children no doubt compensates for their extraordinary capacity for lolly-pops and other sweets."

**BUREAU OF VITAL STATISTICS****Stewart G. Thompson, D.P.H., Director****BIRTHS**

The most precious thing in all the world is recognized to be a baby. 29,301 new babies were born and registered in Florida during the calendar year of 1925. This is a record that has not been surpassed in this state. We hear a great deal about immigration and advertising Florida in such a way as to attract tourists and home-seekers. This bureau has just finished tabulations giving authentic information as to the natural increase of the population within the boundaries of the state. A total of 16,832 persons died during the year as compared with a total of 29,301 births which gives a natural increase in population of 12,469 for the year.

The total number of white births occurring last year was 20,076, as compared with a total of 9,225 for the colored. The natural increase of population among the whites was 9,926 as compared with 2,543 for the colored.

Sir Arthur Newsholme, former chief medical officer of England and Wales made the following statement: "American medical men who recently dedicated their efforts to increasing the average life span twenty years within the next half-century, are on the right track. Years are already being added to the life of each member of the community, and every advance in curative and preventive medicine implies an enhancement in the general standard of life. During the past seventy-five years, not less than fifteen years have been added to the average duration of life in several countries. During the past twenty years the gain in length of life has been greater than in the previous years. Already in the registration area of the United States—notwithstanding the vast number of avoidable deaths in childhood and in adult life, caused by diseases well within our control—the average expectation of life for every infant at birth is fifty-eight to fifty-nine years. A large part of this improvement is directly due to the increased care of health now becoming more general, both by personal effort and by the work of health authorities and of voluntary agencies."

Dr. Newsolme makes further reference to promoting the welfare and health of the mother and her child in the early years—fresh air, sunshine, diet, infant feeding, and many other important phases of right living and protection.

What are the fathers and mothers, state and city health officials going to do for the 29,301 babies that were born during the past year? I can tell you what happened to 2,179 of the babies—they died. Last month's Health Notes briefly reviewed the infant mortality for the state. Seventy-four babies under one year of age, died last year for every thousand living births reported. The infant mortality rate among the white babies was somewhat less as there were sixty-one babies who died for every thousand white births registered. The infant mortality rate for the colored was 104.



**BUREAU OF VITAL STATISTICS—(Continued)**

There is not space on these pages for extensive comment regarding the causes of death among the population in Florida. The table which follows, showing the number of births by color for each county will be interesting and next month a table will appear showing the number of deaths occurring in each county. Health officers and officials will find the vital records extremely interesting and valuable as a measuring unit for accomplishments or failure in their work. A few pages each month will be devoted to Vital Statistics tables and those who find the information valuable or necessary in their work will be supplied with an annual report of the State Board of Health in which will be found as complete tabulations as the limited appropriations will permit.

F. H. N.

**Number of Births (Exclusive of Stillbirths) and Birth Rates per 1,000  
Population in Florida by Color, 1917 to 1925, Inclusive**

| YEARS     | Total  |      | White  |      | Colored |      |
|-----------|--------|------|--------|------|---------|------|
|           | Births | Rate | Births | Rate | Births  | Rate |
| 1925..... | 29,301 | 22.4 | 20,076 | 22.4 | 9,225   | 22.3 |
| 1924..... | 26,748 | 21.3 | 18,108 | 21.2 | 8,640   | 21.6 |
| 1923..... | 23,221 | 19.4 | 15,614 | 19.2 | 7,607   | 19.7 |
| 1922..... | 21,973 | 19.2 | 15,274 | 19.8 | 6,699   | 18.0 |
| 1921..... | 22,074 | 20.3 | 15,211 | 20.8 | 6,863   | 19.2 |
| 1920..... | 19,540 | 18.9 | 13,541 | 19.7 | 5,999   | 17.4 |
| 1919..... | 18,653 | 19.5 | 12,863 | 20.5 | 5,790   | 17.6 |
| 1918..... | 18,141 | 19.4 | 12,628 | 20.8 | 5,513   | 16.9 |
| 1917..... | 17,921 | 19.6 | 12,701 | 21.6 | 5,220   | 16.1 |

F. H. N.

**NEW REGISTRARS APPOINTED**

| Number | Name                   | Address               |
|--------|------------------------|-----------------------|
| 40-277 | Miss Ruby Brown.....   | Nichols, Fla.         |
| 44-237 | Miss Erress Arant..... | Rt. "C", Milton, Fla. |
| 60-02  | W. C. Chapin.....      | Englewood, Fla.       |

## BUREAU OF VITAL STATISTICS—(Continued)

## BIRTHS (Exclusive of Stillbirths)

## Birth Rates per 1,000 Population by Color and by Counties—1925

| COUNTIES           | Total  |      | White  |      | Colored |       |
|--------------------|--------|------|--------|------|---------|-------|
|                    | Births | Rate | Births | Rate | Births  | Rate  |
| 0. State.....      | 29,301 | 22.4 | 20,076 | 22.4 | 9,225   | 22.3  |
| 1. Alachua.....    | 698    | 21.4 | 373    | 20.4 | 325     | 22.6  |
| 2. Baker.....      | 170    | 30.6 | 131    | 31.9 | 39      | 26.8  |
| 3. Bay.....        | 347    | 29.1 | 245    | 28.0 | 102     | 32.5  |
| 4. Bradford.....   | 186    | 26.5 | 142    | 28.6 | 44      | 21.4  |
| 5. Brevard.....    | 280    | 21.3 | 196    | 22.5 | 84      | 18.9  |
| 6. Broward.....    | 404    | 27.1 | 265    | 26.8 | 139     | 22.7  |
| 7. Calhoun.....    | 269    | 23.3 | 207    | 25.6 | 62      | 17.9  |
| 55. Charlotte..... | 74     | 21.5 | 59     | 21.7 | 15      | 20.6  |
| 8. Citrus.....     | 98     | 18.1 | 60     | 18.0 | 38      | 18.4  |
| 9. Clay.....       | 95     | 19.6 | 75     | 21.1 | 20      | 15.4  |
| 62. Collier.....   | 18     | 14.1 | 18     | 15.8 | .....   | ..... |
| 10. Columbia.....  | 409    | 26.1 | 252    | 29.3 | 157     | 22.3  |
| 11. Dade.....      | 3,001  | 25.8 | 1,917  | 22.2 | 1,084   | 36.0  |
| 12. DeSoto.....    | 219    | 27.0 | 191    | 30.1 | 28      | 15.8  |
| 56. Dixie.....     | 79     | 17.9 | 62     | 21.7 | 17      | 11.0  |
| 13. Duval.....     | 3,008  | 20.1 | 1,991  | 21.0 | 1,017   | 18.5  |
| 14. Escambia.....  | 1,113  | 25.6 | 881    | 28.4 | 232     | 18.6  |
| 53. Flagler.....   | 37     | 16.8 | 14     | 9.9  | 23      | 28.9  |
| 15. Franklin.....  | 118    | 22.5 | 65     | 21.3 | 53      | 24.2  |
| 16. Gadsden*.....  | 563    | 22.5 | 221    | 21.2 | 342     | 23.4  |
| 57. Glades.....    | 47     | 18.9 | 42     | 21.9 | 5       | 8.9   |
| 17. Hamilton.....  | 231    | 23.3 | 139    | 24.6 | 92      | 21.6  |
| 58. Hardee.....    | 237    | 23.2 | 222    | 23.8 | 15      | 16.5  |
| 63. Hendry.....    | 31     | 27.2 | 31     | 28.1 | .....   | ..... |
| 18. Hernando.....  | 79     | 16.7 | 56     | 16.7 | 23      | 16.5  |
| 59. Highlands..... | 139    | 20.6 | 116    | 23.0 | 23      | 13.4  |
| 19. Hillsboro..... | 3,082  | 22.6 | 2,520  | 22.6 | 562     | 22.2  |
| 20. Holmes.....    | 264    | 21.3 | 248    | 21.4 | 16      | 18.9  |
| 21. Jackson.....   | 764    | 23.0 | 430    | 22.7 | 334     | 23.3  |

\*Record of State Hospital Inmates Included.

**BUREAU OF VITAL STATISTICS—(Continued)**  
**BIRTHS (Exclusive of Stillbirths)**

**Birth Rates per 1,000 Population by Color and by Counties—1925**  
**(Continued)**

| COUNTIES           | Total  |      | White  |      | Colored |      |
|--------------------|--------|------|--------|------|---------|------|
|                    | Births | Rate | Births | Rate | Births  | Rate |
| 22. Jefferson..... | 405    | 29.3 | 91     | 22.3 | 314     | 32.2 |
| 23. Lafayette..... | 130    | 27.5 | 111    | 31.3 | 19      | 16.2 |
| 24. Lake.....      | 383    | 19.8 | 260    | 18.0 | 123     | 25.1 |
| 25. Lee.....       | 295    | 23.1 | 243    | 24.8 | 52      | 17.4 |
| 26. Leon.....      | 410    | 20.3 | 121    | 16.5 | 289     | 22.5 |
| 27. Levy.....      | 237    | 22.2 | 150    | 22.6 | 87      | 21.4 |
| 28. Liberty.....   | 106    | 21.9 | 69     | 23.5 | 37      | 19.2 |
| 29. Madison.....   | 327    | 21.0 | 133    | 18.3 | 194     | 23.4 |
| 30. Manatee.....   | 459    | 19.1 | 304    | 18.8 | 155     | 19.8 |
| 31. Marion.....    | 530    | 19.4 | 236    | 16.8 | 294     | 22.1 |
| 32. Monroe.....    | 319    | 22.4 | 256    | 21.9 | 63      | 24.4 |
| 33. Nassau.....    | 204    | 21.2 | 107    | 19.9 | 97      | 22.7 |
| 34. Okaloosa.....  | 269    | 27.4 | 248    | 28.5 | 21      | 18.6 |
| 54. Okeechobee     | 74     | 17.0 | 55     | 18.2 | 19      | 14.4 |
| 35. Orange.....    | 795    | 20.0 | 599    | 20.0 | 196     | 20.1 |
| 36. Osceola.....   | 178    | 16.2 | 142    | 16.4 | 36      | 12.2 |
| 37. Palm Beach.    | 1,022  | 26.5 | 660    | 26.6 | 362     | 26.4 |
| 38. Pasco.....     | 197    | 16.7 | 155    | 16.8 | 42      | 16.4 |
| 39. Pinellas.....  | 1,173  | 22.0 | 905    | 23.3 | 268     | 18.3 |
| 40. Polk.....      | 1,551  | 23.6 | 1,285  | 25.4 | 266     | 17.7 |
| 41. Putnam.....    | 380    | 22.1 | 186    | 19.7 | 194     | 25.0 |
| 42. St. Johns..... | 287    | 17.2 | 196    | 19.9 | 91      | 13.3 |
| 43. St. Lucie..... | 339    | 28.0 | 218    | 25.4 | 121     | 34.3 |
| 44. Santa Rosa..   | 324    | 22.1 | 259    | 21.7 | 65      | 23.8 |
| 60. Sarasota.....  | 191    | 18.3 | 151    | 17.6 | 40      | 21.6 |
| 45. Seminole.....  | 389    | 25.9 | 204    | 23.7 | 185     | 28.9 |
| 46. Sumter.....    | 179    | 22.6 | 132    | 23.3 | 47      | 20.9 |
| 47. Suwannee.....  | 310    | 19.1 | 192    | 19.1 | 118     | 19.2 |
| 48. Taylor.....    | 214    | 16.1 | 153    | 19.8 | 61      | 11.0 |
| 61. Union.....     | 150    | 24.2 | 112    | 28.4 | 38      | 16.7 |
| 49. Volusia.....   | 661    | 16.0 | 434    | 15.9 | 227     | 16.2 |
| 50. Wakulla.....   | 87     | 14.8 | 42     | 13.2 | 45      | 16.8 |
| 51. Walton.....    | 368    | 26.7 | 282    | 25.4 | 86      | 32.1 |
| 52. Washington.    | 298    | 28.6 | 216    | 26.7 | 82      | 35.2 |

LIBRARIAN HYGIENIC,  
LABORATORY,  
25TH. & EAST STREET,  
WASHINGTON, D.C.  
FLORIDA STATE BOARD OF HEALTH

120

YOU HAVE YOUR AUTOMOBILE AND WATCH OVERHAULED  
PERIODICALLY.



THE BODY IS A FAR MORE DELICATE MECHANISM.  
IT, TOO, SHOULD RECEIVE CARE



HUMAN LIFE IS THE STATE'S GREATEST ASSET



# HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

## STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921

at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

VOL. 18

SEPTEMBER, 1926

No. 9

Edited by  
STEWART G. THOMPSON, D. P. H.  
Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER  
Jacksonville

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\*Assistant Engineer

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†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

**ADMINISTRATION****B. L. Arms, M.D., State Health Officer****THE SEYMOUR PLAN**

What parent desires his child to have diphtheria. I feel that every parent will answer that they do not want their children to have this disease. Let us consider for a moment and see if this really so, for no child need have diphtheria, as they can be rendered immune. To put it very plainly and bluntly **NO CHILD NEED HAVE DIPHTHERIA UNLESS HIS PARENTS WANT HIM TO HAVE IT AND THE PARENTS OR GUARDIANS ARE RESPONSIBLE FOR ANY CASE OF DIPHTHERIA THAT IS CONTRACTED BY THEIR CHILDREN FOR THERE IS A MEANS BY WHICH IT CAN BE PREVENTED.**

When antitoxin was introduced the deaths from diphtheria were greatly reduced but there was little or no reduction in the number of cases of this disease.

Now it is not only possible to learn who is susceptible to diphtheria but it is also possible to immunize those who are susceptible, and by a very simple method at that.

Dr. M. M. Seymour, Deputy Minister of Public Health of Saskatchewan, in his presidential address at the Conference of State and Provincial Health Authorities held at Atlantic City last May, proposed a concerted drive against three preventable diseases—Diphtheria, September and October; Smallpox, November and December; and Typhoid in January and February. This plan was heartily approved by all present and was unanimously adopted.

We ask the cooperation of all citizens that we may stamp out diphtheria, a disease that cost 105 lives in Florida in 1925, and every one of these deaths could have been avoided.

The State Board of Health has furnished the means for years and has done its best to urge acceptance of the prevention.

We ask again that you grant your children freedom from this infection, that has taken such a toll of lives in previous years, by having them immunized unless they are shown by test that they are already immune.

All children from six months to six years should be treated with toxin antitoxin as the percentage of susceptibles is so great that it is not worth while to make the preliminary test, but it is always wise to have a test made four to six months after the immunization, as there is a small percentage that requires additional treatment.

**HELP US TO HELP YOU SAVE YOUR CHILDREN.**

**BUREAU OF COMMUNICABLE DISEASES****F. A. Brink, M.D., Director****NO DIPHTHERIA BY 1930**

Some will say that the idea of eradicating diphtheria in four years is too visionary for serious consideration, yet the above title has been adopted as a slogan by the health department of conservative old New York State.

The goal can be reached with ease by any family, school, municipality, county or state, but not without the cooperation of children and parents, teachers and doctors, preachers, publishers and all. T-A (toxin-antitoxin mixture) will do the trick. Ask your doctor.

Before being given the immunization treatment, children of school age should be Schick tested to see whether they need the treatment. The Medical Officers will be available for this work. For communities desiring this service from the State Board of Health, the local health workers or other leaders should apply to this bureau for request blanks, as many as there are school children, so that the parents may make written request for the test and treatments. As soon as these blanks are filled out by the parents and returned to the school, this bureau should be advised and a Medical Officer will be sent as soon as possible.

The conference of State and Provincial Health Authorities very wisely designated September and October, the first months of the school year, for diphtheria preventive activity. Now let's see what community will show the lowest sickness and death rates for diphtheria in 1927.

— F. H. N. —

**IVY POISONING**

How distressing are the symptoms produced by poison ivy, poison oak and poison sumac can best be appreciated by those who have experienced them. Unlike the briars and thistles the injury produced by these plants is not evident for a few hours or days after coming in contact with them. For this reason it is necessary for those who frequent the woods to familiarize themselves with the appearance of the plants in order that contact may be avoided.

**TO PREVENT POISONING**

Susceptible persons whose work or play exposes them frequently to the poisonous plants, will be interested in the work of Schamburg and Stickler (\*) who report a high degree of immunity secured by injecting extracts from the plants themselves. Solutions of these extracts may be secured and injected by the family physician.

Much of the poison that may have been collected on the skin during an excursion through the swamps and woods may be removed



**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

by a thorough bath and vigorous scrubbing with hard water soap—laundry soap—followed by repeated rinsing. Alcohol will remove the poison, but must be used freely if at all, as small quantities will only hasten penetration. Poison may remain on the clothing or shoes and cause trouble long after contact with the plants, hence such articles should also be carefully cleansed before they are worn again. In an article produced for newspapers by Science Service (Washington, D. C.) the value of solutions of iron salts, for preventing and curing the symptoms of ivy poisoning, is set forth. Dr. Jas. B. McNair at the University of Chicago finds that a 5% solution of ferric chloride in 50% alcohol or 50% glycerine is safe and effective as a preventive if applied either before or after an excursion to the woods and as a remedy in the early stages. Dr. Geo. D. Fuller at the same school prefers a strong solution of ferrous sulphate (copperas). A 5% solution in water may be used.

A well known dermatologist of Jacksonville states that during his childhood a barrel of this solution was kept in a secluded spot on the home place, and used as a dipping vat for those who ventured too near the venomous vines and shrubs and, he says, this was an effective method of treatment.

**SYMPTOMS**

As one would expect, the resin like poison of these plants is most likely to be deposited on the exposed parts of the body, particularly the hands. It is often conveyed to the face and other parts as by wiping off perspiration, etc., therefore, the exposed parts are most frequently affected and this is an important point in recognizing the nature of the itching, burning, blistering and weeping of the skin when they appear from two hours to five days after a trip into the woods.

It is often necessary to call on a physician to make the diagnosis and always desirable to seek his advice regarding treatment.

A valuable bulletin, dealing largely with the recognition and eradication of poison ivy and poison sumac, has been published and may be had by applying to the United States Department of Agriculture, Washington, D. C., for Farmers Bulletin, No. 1166.

(\*) Journal of the American Medical Association, January 13, 1917; October 18, 1919; June 2, 1923.

— F. H. N. —

**HARVEST MITES OR RED BUGS**

A rather common pest, which has a wide distribution and is most prevalent during the summer and fall months, is the harvest mite, also called red bug, chigger, or jigger. It is so small as barely to be seen by the naked eye when penetrating the skin close to the root of a hair, attention having been drawn to the spot by slight burning or itching. Later on, the intense itching that is set up by these semi-

**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

parasites interferes with sleep, and by scratching to relieve this itching, a severe skin infection and inflammation may be produced particularly in children. As the mite penetrates deeper into the skin the itching increases, a slightly reddened area makes its appearance at the root of the hair, and increases in size, usually reaching its full development about the third day, when it is perhaps a half inch in its greatest diameter, sharply defined and very irregular in shape. In another day or two the itching subsides and the red spot gradually fades. Harvest mites are collected on the clothing and shoes by brushing against the trees, shrubbery, stumps, logs and decaying leaves and twigs in the woods—then they start crawling and when they come to a fold of skin or a point where the clothing is tight, they start to burrow. They are likely to be most numerous at the shoe top, under the garters or belt line, in the groin, between the thighs, and around the arm-pits. Sulphur, sifted into the clothing before going into the woods, is a good repellent. A thorough bath, first with kerosene, then soap and water, and a complete change of clothing after such a trip will often prevent much annoyance. The clothing must not be worn again for several days unless laundered, pressed or otherwise treated to destroy any remaining mites.

After the mite enters the hair follicle, some relief may be had by dabbing on the affected spot, a little butter or salty grease.

— F. H. N. —

The Schick test consists of the injection of three drops of a toxin solution between the layers of skin of the forearm. It is harmless and no more painful than a mosquito bite. It requires accurate needle work but a stitch in time saves funeral expenses.

Those who oppose preventive inoculation most are often among the first to seek its protection in time of imminent danger from Communicable Diseases. This shows that deep in their hearts they, too, have faith in its value. Often they put it off until too late, this serves as an object lesson to others. Watchful waiting is wasteful, preparedness is preferable.

During the two year period, 1924, 1925, there were reported from 653 cities in the United States 37,449 cases of smallpox and 1047 deaths. Still some people travel hither and yon over the face of the earth unvaccinated. Are there not enough unavoidable ways to sicken and die?

**BUREAU OF DIAGNOSTIC LABORATORIES****Pearl Griffith, B.E., Acting Director****SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF JULY, 1926**

|                        | Jackson-<br>ville | Tampa       | Pensa-<br>cola | Miami       | Talla-<br>hassee* | Total       |
|------------------------|-------------------|-------------|----------------|-------------|-------------------|-------------|
| Animal Parasites ..... | 1234              | 306         | 1116           | 158         | .....             | 2814        |
| Diphtheria .....       | 83                | 94          | .....          | 117         | .....             | 294         |
| Typhoid .....          | 245               | 240         | 30             | 30          | .....             | 545         |
| Malaria .....          | 347               | 232         | 30             | 30          | .....             | 639         |
| Rabies .....           | 20                | 4           | .....          | .....       | .....             | 24          |
| Tuberculosis .....     | 184               | 80          | 9              | 18          | .....             | 291         |
| Gonorrhoea .....       | 318               | 199         | 11             | 91          | .....             | 619         |
| Syphilis .....         | 1907              | 743         | .....          | 310         | .....             | 2960        |
| Water: Bact. Exam..... | .....             | 26          | .....          | 57          | .....             | 83          |
| Water: Chem. Exam..... | .....             | .....       | .....          | 113         | .....             | 113         |
| Milk: Bact. Exam.....  | 35                | 31          | 38             | 202         | .....             | 306         |
| Milk: Chem. Exam.....  | 36                | 31          | 41             | 392         | .....             | 500         |
| Miscellaneous: .....   | 47                | 28          | 3              | 26          | .....             | 104         |
|                        | <u>4456</u>       | <u>2014</u> | <u>1278</u>    | <u>1544</u> | <u>.....</u>      | <u>9292</u> |

Specimen Containers Distributed.....6184

**BIOLOGICAL PRODUCTS DISTRIBUTED DURING JULY, 1926**

|                              |                        |               |
|------------------------------|------------------------|---------------|
| Diphtheria Antitoxin.....    | 10,000 units           | 116 Packages  |
|                              | 5,000 units            | 32 Packages   |
| Toxin Antitoxin.....         |                        | 1199 c.c.     |
| Tetanus Antitoxin.....       | 20,000 units           | 23 Packages   |
|                              | 10,000 units           | 26 Packages   |
|                              | 1,500 units            | 880 Packages  |
| Typhoid Vaccine.....         | Plain                  | 1601 Packages |
|                              | Plain (20 c.c. vials)  | 2000 c.c.     |
|                              | Triple                 | 559 Packages  |
|                              | Triple (20 c.c. vials) | 640 c.c.      |
| Vaccine Virus.....           |                        | 2775 Points   |
| Antimeningococcus Serum..... |                        | 7 Cylinders   |
| Antirabic Virus.....         |                        | 30 Treatments |

Carbon Tetrachloride..... 2747 Capsules

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**

\*Tallahassee Laboratory closed since June 10, 1926.

## BUREAU OF ENGINEERING

Ellsworth L. Filby, C.E., Chief Engineer

Engineering has been applied to most every sort of profession from Construction Engineers to Exterminating Engineers with all steps in between. We do not know whether the research workers in the field of preventive medicine, other than the public health engineers have selected an engineering title or not, but they deserve it, one "construction" story seldom noticed in the conquering of the River Diphtheria.

Years and years ago so the story runs—the River Diphtheria was a devastating stream with many unexplainable actions. It burst out of its banks at all sorts of places and made itself felt. In the rough mountains, on the plains, in the beautiful residences and country estates near the cities, in the cities both residential and slum sections, the River Diphtheria at times was beyond the control of man. Death lurked in its angry turbulence and its victims were largely young children. Cities developed, the country was more settled and men began to turn their efforts to confining the ravages of this monster. Prominent authorities called not for "visionary scientific theory" but for good practical work.

They stated that "pure air can only be kept so in large cities by enforced sanitary laws, and the question arises as to the regulation of drainage and house building. It is within the control of our municipal government to prevent them. The younger the life the greater the certainty of the absorption of poisonous air, like the bud in the great vegetable kingdom, or the early life in the animal; and when we consider that the air in many of our houses is full of minute germs, there can be little doubt of its propagating disease.

"The sewerage of towns is the first important factor for prevention. Drains, that are constantly sending out gases at every place where they can give vent to sewers, are sure to operate quickly; and to prevent currents of sewer-gas from drains into houses, the currents in the sewers should be drawn, and made to collect the gases and carry them into chimneys of factories, where they can be destroyed by heat, and made innocuous by being carried up the chimneys. If the main drains or sewers in our streets, where sewer-gas is constantly in operation, were all vented in this way, there would be little chance of gases finding the higher located dwelling houses. \* \* \* \*

"What, therefore, is needed is to draw these gases at those places where they are generated, and to prevent them from going upward in sewers and finding their outlet, in street grating or anywhere else. There are plenty of long chimneys, in all districts of large towns where furnaces are constantly going, that could take in all the sewer ventilation.

"The drainage of houses is the most important factor. Drains should have their outlet or confluence into sewers with good fire clay or from pipe taken down into water in the sewer to prevent the



**BUREAU OF ENGINEERING—(Continued)**

sewer-gas on the top of the sewer-water from finding vent to escape into the drain. \* \* \* \* \*

"They are all convinced that if better appliances had originated with their ancestors in the laying out of sewers for the collection of sewage, and drains with proper plumber appliances, they would have saved a large part of their population. Cities built upon dead-level plains have been serious hindrances where not force enough of river-water could be induced; but those who continue building cities in valleys below water level have been more so." \*

They considered the problems of sewage and garbage disposal all important. Still the River Diphtheria swept on, overflowing banks here and there spreading terror and death in its wake.

"Visionary scientific theory" kept work along the dams to check and conserve the floods were erected but were all swept away in high water. Finally one scientist, Behring, discovered the ideal dam to stop the ravages of the river. It was effective on the main stream but smaller tributaries often flashed high and the toll of the River Diphtheria was still high. Modern development led to the discovery that by building small dams-along all the tributaries the discharge of the river could be regulated and the turbulent terror tamed. The work has now been largely completed. Messrs. Behring, Park and others, aided by Dr. Schick and co-workers have tamed the River Diphtheria and the original dam called Diphtheria Anti-Toxin has been greatly aided by the smaller dams called "Toxin Anti-Toxin" dams, that in a few years the ravages of diphtheria will be a thing of the past along with the theories of polluted air, sewer gas diseases, etc.

\*Preventable Contagious Diseases, Dr. David Ferguson—Transactions A. P. H. A. 1883.

———— F. H. N. ————

**CHILD HYGIENE AND PUBLIC HEALTH NURSING**

**Mrs. Laurie Jean Reid, R.N., Director**

**DIPHTHERIA PREVENTION****In The Public Health Nurses Program**

Since the work of the Public Health Nurse should be the protection of the community from disease, her program should include an annual campaign of prophylaxis against those diseases for which immunity is provided.

In all her educational work, particularly with mothers, the nurse should give plain, simple, short, talks on Diphtheria, such as how the disease is contracted, the symptoms, the course of the disease and how

**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

it can be prevented, what the Schick Test is and why we use it, what Toxin-Antitoxin is and how it is made, and the protection of the family and the care of the patient in the event of an acute case in the home. The nurse should also teach the necessity of the care of "Carriers". If this teaching is conscientiously done it will be simpler to have the average case properly cared for immediately on appearance. Sir Arthur Newsholme says: "First Public Health Work, whether voluntary or official is dependent on public opinion, and instruction of the public in public health matters must form a large part of every public health program."

We all know the meaning of theft insurance and we all can appreciate fire insurance, when through someones carelessness a home is burned to the ground. But we could get on without automobiles or diamonds, if they should be lost and homes can be rebuilt, but when a little child whose life should be a happy, protected one contracts Diphtheria there is the possibility of an irreparable loss through which we learn the bitter lesson of life insurance which we in Public Health call immunization.

Every child is the particular responsibility of either parent or guardian. But the Public Health Nurse has a very definite responsibility toward children in that the education of the general public along public health lines reacts on the care of the children in that particular community.

The schools will all be open in September and every teacher should be given literature in order that she might include in her days' work something that would bear on diphtheria prevention. Stories on the production of Toxin-Antitoxin could be made very interesting for the story hour. A poster contest could be planned that would familiarize the children with, "What it is all about" and make the administration of Toxin-Antitoxin very much easier when the time comes for it.

The nurse should be alive to the possibilities of getting five minutes on the program of every club, church society, and the civic organizations during the period of this campaign.

We can boil the whole matter down to one word, "Education." Sufficient publicity given in simple language, that can be understood by the least intelligent person in a community will finally mold Public Opinion, just as constant dropping wears a stone, in Florida.

In 1925 one hundred and five deaths occurred in Florida from Diphtheria. Diphtheria is preventable—why not prevent?

Let us fix as our goal for this campaign the immunization of every child and the education of every adult in Diphtheria Prevention.

## HERE AND THERE

### WHOLESOME HOME LIFE INSPIRES ARTISTS

The life of the mother and child in the real home has appealed to great artists of every age and country, according to Catherine Beach Ely writing in *Hygeia* for September. The healthy atmosphere of the normal home in which the mother personally supervises every detail of the care of her child's body and mind has furnished themes for many of the world's famous pictures.

— F. H. N. —

### MODERN KNIGHTS FIGHT FILTH AND DISEASE

Instead of praying to some shrine or high Heaven or consulting the stars or oracles to cure sickness, men are now stooping to such lowly things as lice and flies, human blood and excrement, sewage and filth to find a cure for disease, declares Dr. Thurman B. Rice in *Hygeia* for September.

The knight of old, in flashing armor and with shining sword, mounted on his prancing steed, rode forth to rescue some fair lady from a wild boar or a highway robber. The modern knight may be only a little gray man with a stoop and spectacles, grubbing his life away over cultures and test tubes in some laboratory. He saves millions of people from very real dangers, and the world is cleaner, more beautiful, happier, and safer because he and men like him have stooped that they might conquer.

— F. H. N. —

### THICK BLOOD

What is "Thick Blood?" Ninety per cent of the blood is water, nine per cent organic matter, mostly proteins, and one per cent mineral salts. Variations from this composition are very slight. Sick people should never content themselves with a "course of medicine" for "Thick blood" but should see a doctor for a careful examination. Better still is the plan to have an annual overhauling before noticable evidence of illness appears.

— F. H. N. —

### NEW LOCAL REGISTRARS APPOINTED

| Number | Name                          | Address                |
|--------|-------------------------------|------------------------|
| 21-01  | Effie L. Mueller.....         | Marianna, Fla.         |
| 61-02  | Mrs. E. R. Marshburn.....     | Box 221, Raiford, Fla. |
| 51-187 | Mrs. Caroline Sendelbach..... | Santa Rosa, Fla.       |
| 36-01  | P. P. Pilcher.....            | Kissimmee, Fla.        |

**BUREAU OF VITAL STATISTICS**  
**Stewart G. Thompson, D.P.H., Director**  
**DIPHTHERIA**

This is a disease that attacks both children and adults but appears most frequently in the first ten years of life. Most cases occur in the age group from 2 to 5 years. It is spread by direct contact with an individual either as a case or a carrier. It may be spread through the use of infected eating utensils, by means of soiled hands and by eating infected foods, especially milk. The danger of diphtheria is well known to the average citizen although the total in deaths sometimes indicate failure of duty on the part of those responsible. During the calendar year 1925 there were 105 deaths charged to diphtheria in the State of Florida—91 white and 14 colored. The counties in which these deaths occurred are as follows:

| COUNTY          | Total | White | Colored | COUNTY          | Total | White | Colored |
|-----------------|-------|-------|---------|-----------------|-------|-------|---------|
| Alachua .....   | 1     | 1     | 0       | Lee .....       | 5     | 5     | 0       |
| Bradford .....  | 1     | 1     | 0       | Levy .....      | 1     | 1     | 0       |
| Brevard .....   | 4     | 4     | 0       | Madison .....   | 3     | 2     | 1       |
| Broward .....   | 5     | 4     | 1       | Marion .....    | 3     | 2     | 1       |
| Clay .....      | 1     | 1     | 0       | Okaloosa .....  | 1     | 1     | 0       |
| Columbia .....  | 2     | 2     | 0       | Orange .....    | 1     | 1     | 0       |
| Dade .....      | 7     | 6     | 1       | Palm Beach ..   | 4     | 3     | 1       |
| DeSoto .....    | 1     | 1     | 0       | Pinellas .....  | 8     | 6     | 2       |
| Dixie .....     | 2     | 2     | 0       | Polk .....      | 5     | 5     | 0       |
| Duval .....     | 12    | 9     | 3       | St. Lucie ..... | 3     | 2     | 1       |
| Escambia .....  | 2     | 2     | 0       | Sarasota .....  | 4     | 4     | 0       |
| Gadsden .....   | 1     | 1     | 0       | Seminole .....  | 3     | 2     | 1       |
| Hardee .....    | 1     | 1     | 0       | Sumter .....    | 2     | 1     | 1       |
| Highlands ..... | 1     | 1     | 0       | Suwannee .....  | 1     | 0     | 1       |
| Hillsboro ..... | 6     | 6     | 0       | Taylor .....    | 1     | 1     | 0       |
| Jackson .....   | 2     | 2     | 0       | Union .....     | 2     | 2     | 0       |
| Jefferson ..... | 3     | 3     | 0       | Volusia .....   | 2     | 2     | 0       |
| Lake .....      | 2     | 2     | 0       | Walton .....    | 1     | 1     | 0       |
|                 |       |       |         | Washington ..   | 1     | 1     | 0       |

Of the 105 deaths above mentioned, 76 occurred in children 4 years old or under, 21 deaths in children between the ages of 5 and 9, while only seven deaths were charged against persons over this age and 1 age unknown. Deaths from diphtheria among the girls and boys appear to be about equally divided, 51 male as compared with 54 female. As to the seasonal occurrence, November takes the greatest toll with 23 deaths that month as compared with 18 for the month of December, 12 for the month of October. January and September show 9 each, with May 8 and August 7.

Not considering the sorrow and suffering of loved ones, the actual cost in dollars and cents charged against this disease is tremendous when the results of a fight against diphtheria are always favorable, if the



**BUREAU OF VITAL STATISTICS—(Continued)**

present knowledge is generally and practically applied. In a bulletin recently published from the Illinois Health Department, a statement was made to the effect that the question of having diphtheria is one which every parent who so chooses may definitely answer in the negative in behalf of his children. The Schick test will tell the parent whether his child is susceptible to diphtheria and toxin-antitoxin will make the susceptible immune. In the same bulletin the cost involved in a case of diphtheria is estimated to be not less than \$100.00 when medical and nursing care, loss of time on the part of the patient and other members of the family are considered. According to this very conservative estimate, the actual cost in dollars and cents to Florida last year charged to diphtheria would be \$10,500.00.

————— F. H. N. —————

**WHEN BABY IS THREE MONTHS OLD**

A notice is mailed to new mothers from the Bureau of Vital Statistics containing valuable information. The receipt of this notice assures the parents that the attending physician has filed a birth certificate with the local registrar and that the local registrar has forwarded the original certificate to headquarters where it is on file among the permanent records of the state of Florida. A birth certificate is recognized in this country as proof of citizenship and the time may come when a certified copy of such a record will be necessary. If you have not received notice by the time your baby is three months old, go immediately to the local registrar and find out if your physician filed the birth certificate and if not, take immediate steps to have the certificate put on file so that your baby will have proper recognition of citizenship in this country. This is a sacred duty of all parents and should not be neglected.

The law requires the attending physician or midwife to file a birth certificate within 10 days and it is your duty to see that this important record is not overlooked.

————— F. H. N. —————

**AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING. BUFFALO, N. Y. OCTOBER, 11-14, 1926**

What is new in public health? How are communities, urban and rural, coping with the public health problems that confront administrators, public health officers, nurses and inspectors? These questions will be answered and problems that have been the subject of laboratory research will be discussed by specialists at the Fifty-Fifth Annual Meeting of the American Public Health Association at Buffalo, N. Y., October 11-14, 1926.

**BUREAU OF VITAL STATISTICS—(Continued)**

Total Deaths (Including Non-Residents) and Non-Resident Deaths, by Color and by Counties.—1925.

| COUNTIES           | DEATHS |        |         | NON-RESIDENT |       |         |
|--------------------|--------|--------|---------|--------------|-------|---------|
|                    | Total  | White  | Colored | Total        | White | Colored |
| 0. State.....      | 16,832 | 10,150 | 6,682   | 1,161        | 1,005 | 156     |
| 1. Alachua.....    | 378    | 185    | 193     | 17           | 15    | 2       |
| 2. Baker.....      | 48     | 27     | 21      | 1            | ..... | 1       |
| 3. Bay.....        | 136    | 95     | 41      | 3            | 3     | .....   |
| 4. Bradford.....   | 100    | 65     | 35      | .....        | ..... | .....   |
| 5. Brevard.....    | 206    | 132    | 74      | 19           | 19    | .....   |
| 6. Broward.....    | 259    | 148    | 111     | 17           | 14    | 3       |
| 7. Calhoun.....    | 79     | 54     | 25      | 1            | ..... | 1       |
| 55. Charlotte..... | 27     | 21     | 6       | 1            | 1     | .....   |
| 8. Citrus.....     | 40     | 23     | 17      | 1            | ..... | 1       |
| 9. Clay.....       | 81     | 60     | 21      | 5            | 5     | .....   |
| 62. Collier.....   | 5      | 3      | 2       | .....        | ..... | .....   |
| 10. Columbia.....  | 232    | 123    | 109     | 35           | 27    | 8       |
| 11. Dade.....      | 1,680  | 1,059  | 621     | 96           | 78    | 18      |
| 12. DeSoto.....    | 114    | 84     | 30      | 12           | 10    | 2       |
| 56. Dixie.....     | 35     | 26     | 9       | .....        | ..... | .....   |
| 13. Duval.....     | 2,257  | 1,065  | 1,192   | 332          | 226   | 106     |
| 14. Escambia.....  | 631    | 369    | 262     | 19           | 17    | 2       |
| 53. Flagler.....   | 23     | 8      | 15      | 1            | 1     | .....   |
| 15. Franklin.....  | 38     | 20     | 18      | .....        | ..... | .....   |
| 16. Gadsden*.....  | 639    | 310    | 329     | 186          | 101   | 85      |
| 57. Glades.....    | 7      | 7      | .....   | .....        | ..... | .....   |
| 17. Hamilton.....  | 85     | 50     | 35      | 1            | 1     | .....   |
| 58. Hardee.....    | 64     | 50     | 14      | 1            | ..... | 1       |
| 63. Hendry.....    | 2      | 2      | .....   | 1            | 1     | .....   |
| 18. Hernando.....  | 41     | 32     | 9       | 3            | 3     | .....   |
| 59. Highlands..... | 50     | 34     | 16      | 1            | 1     | .....   |
| 19. Hillsboro..... | 1,659  | 1,144  | 515     | 262          | 206   | 56      |
| 20. Holmes.....    | 63     | 58     | 5       | 2            | 1     | 1       |
| 21. Jackson.....   | 274    | 135    | 139     | 2            | 2     | .....   |

\*State Hospital Inmates Included.

## BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths (Including Non-Residents) and Non-Resident Deaths, by Color and by Counties.—1925.—(Continued).

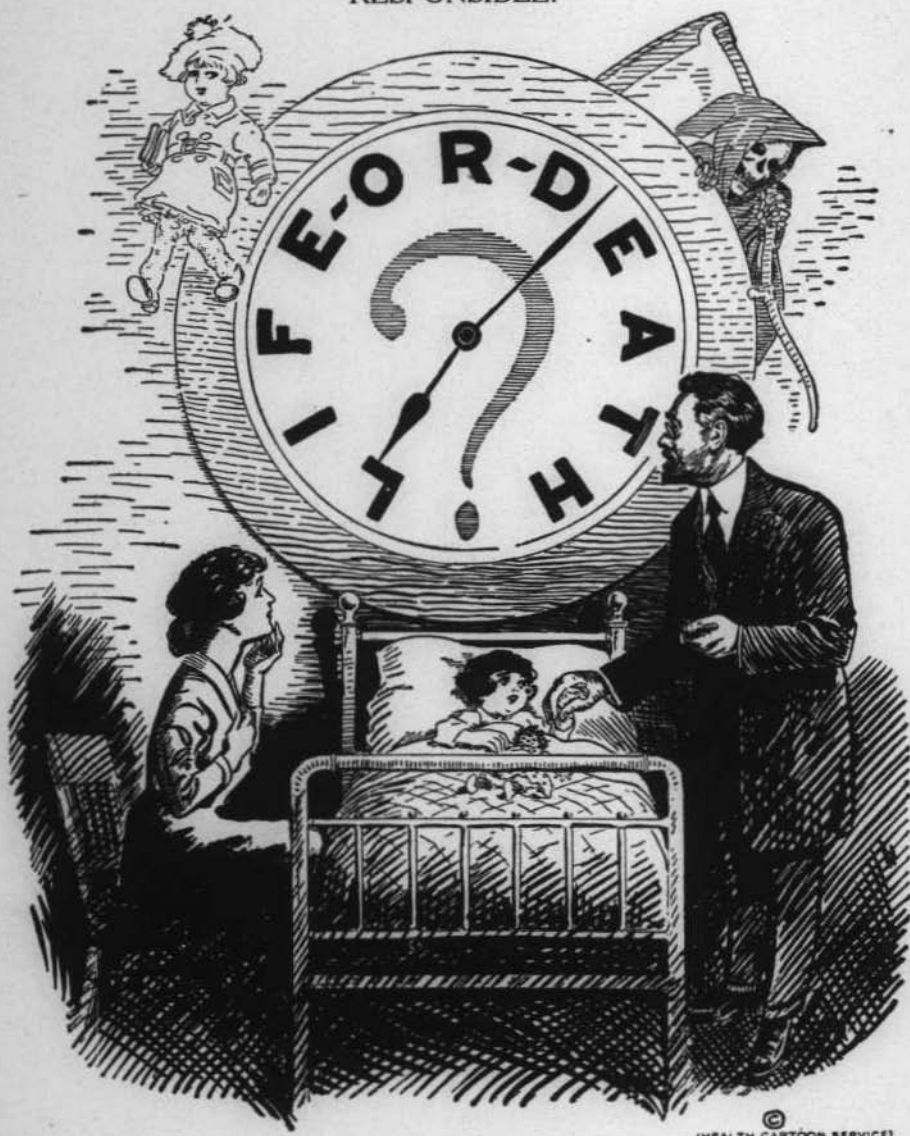
| COUNTIES            | DEATHS |       |         | NON-RESIDENT |       |         |
|---------------------|--------|-------|---------|--------------|-------|---------|
|                     | Total  | White | Colored | Total        | White | Colored |
| 22. Jefferson.....  | 203    | 56    | 147     | 1            | ..... | 1       |
| 23. Lafayette.....  | 28     | 21    | 7       | .....        | ..... | .....   |
| 24. Lake.....       | 229    | 153   | 76      | 21           | 19    | 2       |
| 25. Lee.....        | 155    | 114   | 41      | 2            | 2     | .....   |
| 26. Leon.....       | 214    | 75    | 139     | 3            | 3     | .....   |
| 27. Levy.....       | 132    | 73    | 59      | .....        | ..... | .....   |
| 28. Liberty.....    | 44     | 24    | 20      | .....        | ..... | .....   |
| 29. Madison.....    | 191    | 75    | 116     | 1            | ..... | 1       |
| 30. Manatee.....    | 279    | 187   | 92      | 19           | 19    | .....   |
| 31. Marion.....     | 372    | 169   | 203     | 13           | 9     | 4       |
| 32. Monroe.....     | 209    | 154   | 55      | 4            | 4     | .....   |
| 33. Nassau.....     | 95     | 30    | 65      | 4            | 3     | 1       |
| 34. Okaloosa.....   | 70     | 60    | 10      | 2            | 2     | .....   |
| 54. Okeechobee..... | 16     | 10    | 6       | .....        | ..... | .....   |
| 35. Orange.....     | 609    | 448   | 161     | 130          | 123   | 7       |
| 36. Osceola.....    | 143    | 121   | 22      | 12           | 12    | .....   |
| 37. Palm Beach..... | 697    | 413   | 284     | 161          | 120   | 41      |
| 38. Pasco.....      | 123    | 94    | 29      | 6            | 6     | .....   |
| 39. Pinellas.....   | 891    | 663   | 228     | 223          | 210   | 13      |
| 40. Polk.....       | 685    | 489   | 196     | 35           | 38    | 2       |
| 41. Putnam.....     | 238    | 113   | 125     | 18           | 6     | 12      |
| 42. St. Johns.....  | 252    | 139   | 113     | 65           | 44    | 21      |
| 43. St. Lucie.....  | 137    | 89    | 48      | 18           | 14    | 4       |
| 44. Santa Rosa..... | 105    | 76    | 29      | 1            | 1     | .....   |
| 60. Sarasota.....   | 113    | 75    | 38      | 5            | 4     | 1       |
| 45. Seminole.....   | 241    | 112   | 129     | 18           | 13    | 5       |
| 46. Sumter.....     | 83     | 55    | 28      | 1            | 1     | .....   |
| 47. Suwannee.....   | 150    | 81    | 69      | 1            | 1     | .....   |
| 48. Taylor.....     | 91     | 55    | 36      | 2            | 2     | .....   |
| 61. Union.....      | 47     | 31    | 16      | .....        | ..... | .....   |
| 49. Volusia.....    | 483    | 345   | 138     | 42           | 41    | 1       |
| 50. Wakulla.....    | 36     | 18    | 18      | .....        | ..... | .....   |
| 51. Walton.....     | 126    | 85    | 41      | 3            | 2     | 1       |
| 52. Washington..... | 92     | 58    | 34      | .....        | ..... | .....   |

**LIBRARIAN HYGIENIC,  
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**BOARD OF HEALTH**

**NO ONE NEED HAVE DIPHTHERIA.  
IF OUR CHILDREN HAVE DIPHTHERIA, WE ALONE ARE  
RESPONSIBLE.**



Many of us have been unwilling to accept this responsibility, hence our  
children are protected with toxin-antitoxin.  
**ARE YOUR CHILDREN PROTECTED?**



FLORIDA



# HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

## STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921

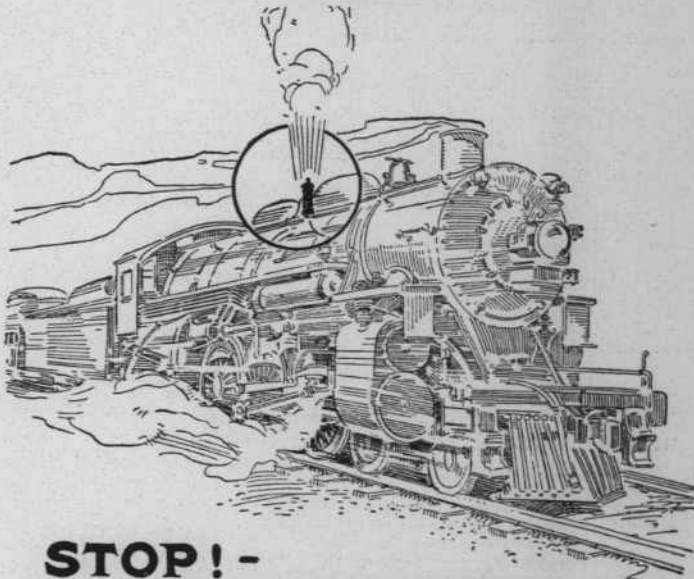
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VOL. 18

OCTOBER, 1926

No. 10

Edited by  
STEWART G. THOMPSON, D. P. H.  
Director, Bureau of Vital Statistics  
Jacksonville



**STOP! -**  
**WHEN YOU HEAR IT BLOWING**

**B. L. ARMS, M. D., STATE HEALTH OFFICER**

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## NAME

†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

## ADMINISTRATION

**B. L. Arms, M.D., State Health Officer**

### ACCIDENTS

The toll of lives taken each year by accidents is of interest to all health workers from two angles: they are preventable to a very large degree, and they are, in a way, communicable.

Of course we do not mean communicable in the way bacterial or parasitic diseases are, but from the standpoint of imitation.

One of the first items we look for following a holiday, especially when two days come together as on Saturday and Sunday or Sunday and Monday, is the list of fatalities and all too often the list is a long one. What a needless waste of human life, for most of the accidents could have been avoided.

Every child should know how to swim for this will not only safeguard life from that knowledge as a means by which to reach shore in case they suddenly find themselves in the water for they know what to do.

At the present time there are more deaths charged to the automobile than to any other single cause of accidental deaths and here there are two factors: the automobile and the individual.

It is safe to say that in at least a great many cases the driver of the car is not at fault, but when a driver tries to beat a train to a crossing or when he travels at a high rate of speed over an unknown road, he certainly invites disaster and all too often it occurs.

Strict observance of the rules of the road would markedly cut down the number of fatalities.

With the tremendous increase in the number of automobiles and auto trucks in use there has come a greater need for a stricter compliance with traffic rules and regulations. Railway trains travel on tracks hence we can tell where they are going, but the automobile comes from street, road, trail, drive, blind alley or we may almost say from anywhere, and we must be constantly on the lookout.

Most of us have seen automobiles come at full speed from blind trails onto a through road or even to cross such a road without slackening speed. Sometimes it is done once too often and when an accident occurs it is not always the fault of the other car although the occupants of the other car may be the ones to suffer.

Blinding headlights are often the cause of accidents but no considerate driver will offend in this manner.

If each of us will do his part we can do away with this drain on the nation's greatest asset—her citizens.

———— F. H. N. ————

The November issue will be devoted to a consideration of the storm and activities following.

**BUREAU OF COMMUNICABLE DISEASES****F. A. Brink, M.D., Director**

Communicable Diseases are preventable diseases, and their spread is truly accidental. Whether or not they should be considered as automobile accidents, will depend on the point of view. If every case of communicable disease attributable directly or indirectly to the automobile were charged to that vehicle, its value to mankind might be seriously questioned. The motor car figures very largely in human affairs but it is an accidental, not an essential factor in disease transmission.

In the good old horse-and-buggy days it was seldom that anyone journeyed more than a few miles to make a call, attend a public meeting or consult a doctor—and it is so common that we do not think much about it if a crowd goes fifty or seventy-five miles after supper to a picture show or dance. Diphtheria, measles, scarlet fever, etc., may, therefore, be contracted in any large city and develop seventy-five or even five hundred miles away. Similarly, an unvaccinated person exposed in Rochester, Milwaukee or Omaha may break out with smallpox anywhere in Florida, having traveled all the way in a Flivver. You may call that an automobile accident or just a bit of folly, for it is folly for anyone to tour the country or even his home county unvaccinated. We can prevent diphtheria and typhoid by inoculation almost as certainly as smallpox, and without any danger. Malaria, typhus and yellow fever are all preventable, one about as easily as the other. Accident prevention and disease prevention are alike in many ways. A little time, attention and effort are required; prevention is easier and less expensive than repairs to the car or person; accident and disease are often not limited to one car or one person, but carelessness and neglect may involve a large number and have a wider influence than we could possibly suspect.

The motor car is here to stay, it is a blessing to man; health and happiness have come with it to many homes, and if sufficient caution is exercised there will be few to whom it brings misfortune in the form of sickness or mechanical injury.

————— F. H. N. —————

Dr. M. T. MacAvelia, recently of Ft. Myers has been appointed Field Medical Officer to succeed Dr. W. A. Claxton in the lower East Coast District. Dr. MacAvelia saw military service during the world war and has had experience in public health work.

————— F. H. N. —————

Dr. Chas. W. Pease, newly appointed Medical Officer in the Tampa District, reported at the Jacksonville office, August 25th for instruction and is now busily engaged in acquainting himself with his territory, investigating communicable disease conditions and preparing for a campaign of immunization.



**BUREAU OF DIAGNOSTIC LABORATORIES**

Pearl Griffith, B.E., Acting Director

**SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF AUGUST, 1926**

|                        | Jackson-<br>ville | Tampa | Pensa-<br>cola | Miami | Talla-<br>hassee* | Total |
|------------------------|-------------------|-------|----------------|-------|-------------------|-------|
| Animal Parasites ..... | 730               | 307   | 74             | 133   | .....             | 1244  |
| Diphtheria .....       | 130               | 87    | 5              | 183   | .....             | 405   |
| Typhoid .....          | 284               | 213   | 44             | 23    | .....             | 564   |
| Malaria .....          | 364               | 228   | 40             | 39    | .....             | 671   |
| Rabies .....           | 17                | 5     | .....          | 5     | .....             | 27    |
| Tuberculosis .....     | 203               | 73    | 15             | 7     | .....             | 298   |
| Gonorrhoea .....       | 361               | 192   | 10             | 97    | .....             | 660   |
| Syphilis .....         | 1897              | 698   | .....          | 443   | .....             | 3038  |
| Water: Bact. Exam..... | .....             | 77    | .....          | 81    | .....             | 158   |
| Water: Chem. Exam..... | .....             | ..... | .....          | 96    | .....             | 96    |
| Milk: Bact. Exam.....  | 1                 | 21    | 57             | 229   | .....             | 308   |
| Milk: Chem. Exam.....  | 1                 | 23    | 57             | 460   | .....             | 541   |
| Miscellaneous .....    | 67                | 22    | 36             | 38    | .....             | 163   |
|                        | 4055              | 1946  | 338            | 1834  | .....             | 8173  |

Specimen Containers Distributed.....5702

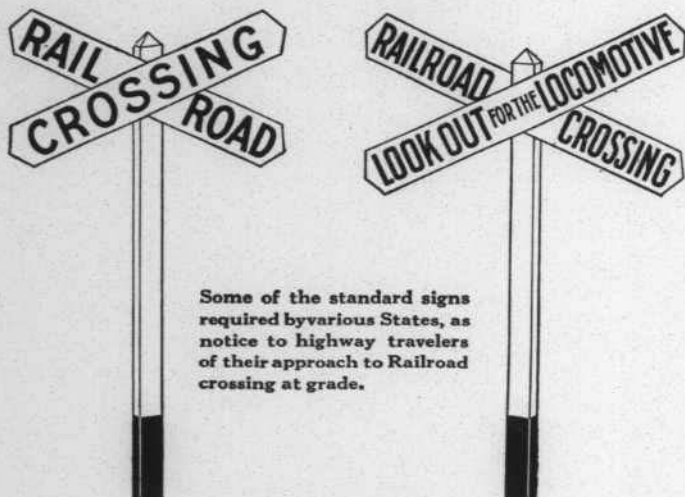
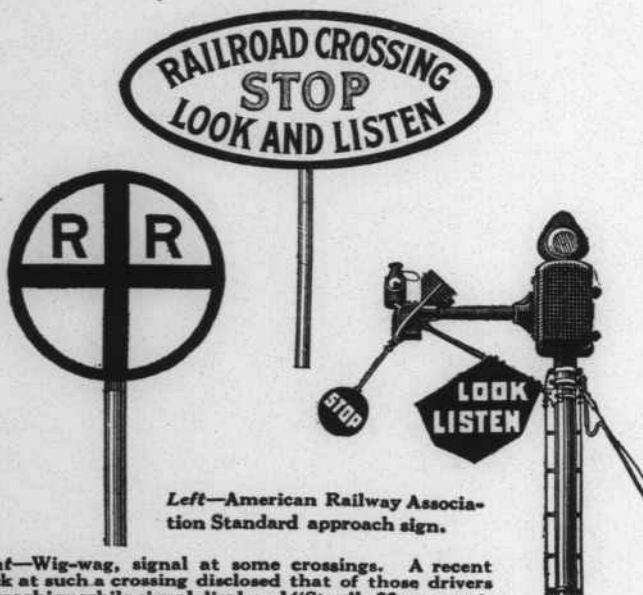
**BIOLOGICAL PRODUCTS DISTRIBUTED DURING AUGUST,  
1926**

|                              |                       |               |
|------------------------------|-----------------------|---------------|
| Diphtheria Antitoxin.....    | 10,000 units          | 162 Packages  |
|                              | 5,000 units           | 84 Packages   |
| Toxin Antitoxin.....         |                       | 3674 c.c.     |
| Schicks.....                 |                       | 400 Tests     |
| Tetanus Antitoxin.....       | 20,000 units          | 6 Packages    |
|                              | 10,000 units          | 12 Packages   |
|                              | 1,500 units           | 1057 Packages |
| Antimeningococcus Serum..... |                       | 29 Cylinders  |
| Typhoid Vaccine.....         | Plain                 | 885 Packages  |
|                              | Plain (20 c.c. vials) | 1980 c.c.     |
|                              | Triple                | 422 Packages  |
| Vaccine Virus.....           |                       | 3800 Points   |
| Antirabic Virus.....         |                       | 32 Treatments |

Carbon Tetrachloride.....1532 Capsules

\*Tallahassee Laboratory closed since June 10, 1926.

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**

*In Plain Sight**See and Heed*

Nine

**BUREAU OF ENGINEERING****Ellsworth L. Filby, C. E., Chief Engineer****STOP, LOOK, LISTEN AND THINK**

This issue of Health Notes is an accident number and especially a railway-highway accident number. The old saying "Accidents will happen" is absolutely wrong. Accidents will NOT happen if common sense is used and we are careful. Each Monday we read how automobiles and trains collided—almost always with destruction of the car and loss of life or injury. As one automobile man paraphrases a cigarette slogan "Try meeting a train at a crossing—They Satisfy". Railroads are necessities of existence and so are automobiles but you never heard of a "joy ride" on the train. The railroad engineer is not like the driver of an auto—the former takes no chances, is under strict orders, always and always on the alert with a responsibility that the safety of hundreds depends upon him. The auto driver too often "takes a chance" to "beat him across" and sometimes tries to drive a car and drink intoxicants at the same time. Gasoline and alcohol make a compound that is highly dangerous, to the user and those nearby.

Everyone of us is vitally concerned with railroad crossing accidents. The fewer highway-railway crossings the fewer accidents therefrom. The New York Subway has no grade crossings and accidents are few and far between. Florida railways have thousands of grade crossings which cannot economically be eliminated. When you cross a crossing—STOP, LOOK, LISTEN AND THINK! You can stop within a few hundred feet for your car usually weighs less than two tons—engine and train will weight 1800 tons and it cannot be stopped in a few hundred feet. . Right of weight often takes precedence over right of way! THINK IT OVER.

How are your brakes—can you stop within the following limits?

- 10 miles speed should stop in 12 feet.
- 15 miles speed should stop in 28 feet.
- 20 miles speed should stop in 50 feet.
- 25 miles speed should stop in 78 feet.
- 30 miles speed should stop in 112 feet.
- 35 miles speed should stop in 153 feet.
- 40 miles speed should stop in 200 feet.
- 45 miles speed should stop in 255 feet.
- 50 miles speed should stop in 312 feet.
- 55 miles speed should stop in 380 feet.
- 60 miles speed should stop in 450 feet.

Test them out frequently. Use them properly. Remember Florida legal limits of speed are 45 miles per hour on the highways, 25 in residential sections of the city and 15 in business sections. Try crossing railroads at 15 miles per hour—IT PAYS!

Florida is among the leaders in railway-highway accidents in the South—this is not an enviable position. The Florida East Coast Rail-

**BUREAU OF ENGINEERING—(Continued)**

way has 721 grade crossings on the main line from Jacksonville to Miami and 482 grade crossings on the branch lines including the Miami-Key West extension. This is a total of 1203 grade crossings. During 1925 nine crossings were eliminated but 18 were inaugurated. Fortunately most of the 9 eliminated are on main traveled routes while most of the 18 granted are not. The Florida East Coast Railway had 225 crossing accidents in 1925—one for nearly every fifth crossing. The Louisville and Nashville Railway have two hundred and ninety grade crossings in Florida and in 1925 they had 58 grade crossing accidents with two people killed and seven injured. Only property loss occurred in 52 of the accidents. The Railroad Commission of the State of Florida reports for the year 1925 that the Atlantic Coast Line killed 22 people and injured 33; the Florida East Coast killed 12 and injured 4; the Seaboard Air Line killed 6 and injured 42. Totals for the State listed are killed 42, wounded 79, automobiles wrecked 135.

Statistics vary but facts remain—too many people are being killed or injured at grade crossings—the toll mounts higher every day.

Our State Highway Department is protecting the main highways by means of flashing gas signals that are familiar to all—unfortunately there are main traveled highways, such as the Jacksonville-Waycross Highway, that are not in the State Highway System and which are not protected except by the wooden cross arm warnings. All main highways should be under state control so they can be properly marked. In addition to this flashing light standard, day time warning signs of 24 inch circular shape, colored yellow and black, with a night time permanent headlight reflector attached thereto, are to be erected. This will give a double warning for railroad crossings.

There is no state law for crossings at railroads. Some states have a STOP law, requiring a dead stop before crossing but Florida allows a person to cross a railroad at whatever speed he conscientiously deems safe. Think it over when YOU cross the next railroad.

Relocation of main highways have eliminated 85 grade crossings while 7 underpasses and 18 overhead crossings have been established. These are total figures from the State Highway Department but will be greatly increased this year as extensive new construction is under way.

All state agencies and the railroads are working to cut down this railway-highway crossing accident toll. Better be SAFE than SORRY—STOP, LOOK, LISTEN AND THINK!

Remember the few econds you try to save by "beating the train to it" may be eternity. When you skid across in front of our through trains you may cause heart failure to some engineer and imperil the lives of hundreds on the train. Be considerate of the engineer—he has enough gray hairs!



**BUREAU OF ENGINEERING—(Continued)****CROSS CROSSINGS CAUTIOUSLY  
TEN COMMANDMENTS.**

1. Thou shalt learn to recognize railroad crossings and approach them with extreme care.
2. Thou shalt look both ways and listen for trains.
3. Thou shalt be doubly alert if there are two or more tracks.
4. Thou shalt always use good judgment at railroad crossings that thy days may be long upon the land and the enjoyment of thy car continuous.
5. Thou shalt keep thy brakes girded with effective brake lining.
6. Thou shalt not kill the passengers within thy car.
7. Thou shalt not depend upon the driver of the car ahead.
8. Thou shalt not try to "Beat the Train".
9. Thou shalt, when in doubt, take the safe course always.
10. Thou shalt CROSS CROSSINGS CAUTIOUSLY.

— F. H. N. —

**CHILD HYGIENE AND PUBLIC HEALTH NURSING**

**Mrs. Laurie Jean Reid, R. N., Director.**

**CHILDREN'S LIFE INSURANCE**

Millions of babies and school children throughout the world are now being turned into little factories. Their delicate organisms are manufacturing a life saving fluid within themselves that will save each of them from one of the most virulent and deadly of children's diseases.

Before this antitoxin process was perfected, children died by the thousands with this disease called diphtheria while doctors stood by almost helpless. In the latter part of the nineteenth century the hospitals of Paris and Berlin were crowded to overflowing with little babies, kicking and gasping for breath with this deadly malady. Five out of every ten cots sent their occupants to the morgue.

While this ghastly business was going on in the hospitals scientists were working night and day over microscopes, experimenting with guinea pigs, rabbits and other animals, searching for the cure that thousands of letters from frantic mothers begged them to find. They were partly successful, but it was not until very recently that the greatest discovery was made. That discovery struck at the root of the thing. It gave to the world a preventive, a means of protection against diphtheria that is so sure that today we are told "There is every hope, if fathers and mothers can only be convinced and allow their children to undergo three small safe pricks of a syringe needle, that diphtheria will no longer be the murderer that it has been for ages."

The efficacy of this preventive method is testified to by hundreds of working experiments—not in laboratories, but in whole communities. When Rochester, New York, began to immunize its children against diphtheria, the death rate dropped from 18.8 per 100,000 population to 4.9—and this in the brief period of about four years.

**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

Auburn, New York, in which most of the children have been immunized has lost only one child by diphtheria in more than two years and a half.

This disease is most prevalent and deadly among children between the ages of two and five. Doctors state that they should be immunized as soon as possible after they are six months old. The absolute harmlessness of the treatment is proved by the fact announced in the American Journal of Public Health that out of 500,000 children immunized in New York City, there have been no ill effects among any of them. At the same time, no one can tell how many thousands of these babies are alive today only because they were given this treatment.

Mothers and fathers who delay, and withhold this priceless preventive from their children take a terrible risk, and assume staggering responsibility. Before it is casually dismissed from consideration, it should be gone into thoroughly. Your local health office, or family physician, will be glad to advise you about such matters.

Remember that we are offered a harmless preventive for this disease. You can save your baby from diphtheria, but you cannot be sure of saving him if he once gets it. You may, and you may not. The life of little children must not be gambled with. There is only one safe, sane, sure course to pursue, and that is to have the child immunized. Such a course leave no regrets.

—Released from American Red Cross.

— F. H. N. —



## BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director.

## AUTOMOBILE FATALITIES

The whole country is taking note of the terrific toll in lives caused by the automobile. Most of us remember the day when railroad accidents loomed up as one of the greatest dangers to human lives but the automobile, darting here and there and everywhere, all over the country, sometimes at a terrific speed, has now out-stripped the great "iron-horse" in its deadly collisions. Education, commonsense, regard for the other fellow and uniform traffic regulations are very necessary in the control of unnecessary accidents in connection with the automobile.

Compulsory reports and uniform statistics are not available with reference to accidents in all parts of the country. At the present time, the number of fatalities as compared with the number of motor vehicles registered is possibly the best method of measuring the results. Under date of June 15, 1926, the table on page 150 was issued by the Baltimore & Ohio Railway Company and by special permission is reproduced here in order to compare Florida with the other states as to motor vehicle registration, total fatalities, fatalities at highway crossings, etc.

The proportion of deaths from automobile accidents as compared with the increase of population is more than keeping up. During the calendar year 1925, a total of 454 deaths were registered in the state of Florida from automobile accidents, representing a rate of 34.6 per 100,000 population. For comparison, I am listing below, the number of deaths from automobile accidents and death rates per 100,000 population by color, 1917 to 1925, inclusive.

| Year | Total Deaths | Rate Per 100,000 | White Deaths | Rate Per 100,000 | Colored Deaths | Rate Per 100,000 |
|------|--------------|------------------|--------------|------------------|----------------|------------------|
| 1925 | 454          | 34.6             | 346          | 38.6             | 108            | 26.1             |
| 1924 | 243          | 19.4             | 168          | 19.6             | 75             | 18.7             |
| 1923 | 178          | 14.8             | 137          | 16.8             | 41             | 10.6             |
| 1922 | 122          | 10.7             | 103          | 13.3             | 19             | 5.1              |
| 1921 | 93           | 8.5              | 77           | 10.5             | 16             | 4.5              |
| 1920 | 107          | 10.9             | 80           | 12.3             | 27             | 8.1              |
| 1919 | 57           | 6.0              | 47           | 7.5              | 10             | 3.0              |
| 1918 | 50           | 5.3              | 33           | 5.4              | 17             | 5.2              |
| 1917 | 53           | 5.8              | 40           | 6.8              | 13             | 4.0              |

The geographical location of deaths from automobile accidents is interesting and also necessary to those who are endeavoring to eliminate unnecessary hazards.

The table on the following pages indicates the number of Deaths from Automobile Accidents in Florida by Color and by Counties—

**BUREAU OF VITAL STATISTICS—(Continued)**

Deaths from Automobile Accidents in Florida by Color and by Counties—1925.

| COUNTIES         | TOTAL | WHITE | COLORED |
|------------------|-------|-------|---------|
| 0. State .....   | 454   | 346   | 108     |
| 1. Alachua ..    | 14    | 11    | 3       |
| 2. Baker .....   | 2     | 2     | .....   |
| 3. Bay ..        | 1     | 1     | .....   |
| 4. Bradford ..   | 2     | 1     | 1       |
| 5. Brevard ..    | 7     | 7     | .....   |
| 6. Broward ..    | 9     | 8     | 1       |
| 7. Calhoun ..    | ..... | ..... | .....   |
| 55. Charlotte .. | ..... | ..... | .....   |
| 8. Citrus ..     | ..... | ..... | .....   |
| 9. Clay ..       | ..... | ..... | .....   |
| 62. Collier ..   | 1     | ..... | 1       |
| 10. Columbia ..  | 11    | 10    | 1       |
| 11. Dade ..      | 74    | 58    | 16      |
| 12. DeSoto ..    | 1     | 1     | .....   |
| 56. Dixie ..     | ..... | ..... | .....   |
| 13. Duval ..     | 56    | 38    | 18      |
| 14. Escambia ..  | 9     | 9     | .....   |
| 53. Flagler ..   | ..... | ..... | .....   |
| 15. Franklin ..  | ..... | ..... | .....   |
| 16. Gadsden* ..  | 5     | 2     | 3       |
| 57. Glades ..    | ..... | ..... | .....   |
| 17. Hamilton ..  | 2     | 2     | 3       |
| 58. Hardee ..    | ..... | ..... | .....   |
| 63. Hendry ..    | ..... | ..... | .....   |
| 18. Hernando ..  | 2     | 2     | .....   |
| 59. Highlands .. | 2     | 2     | .....   |
| 19. Hillsboro .. | 60    | 52    | 8       |
| 20. Holmes ..    | ..... | ..... | .....   |
| 21. Jackson ..   | 4     | 2     | 2       |

\*Hospital Inmates Included.



## BUREAU OF VITAL STATISTICS—(Continued)

Deaths from Automobile Accidents in Florida by Color and by Counties—1925—(Continued)

| COUNTIES             | TOTAL | WHITE | COLORED |
|----------------------|-------|-------|---------|
| 22. Jefferson .....  | 1     | ..... | 1       |
| 23. Lafayette .....  | ..... | ..... | .....   |
| 24. Lake .....       | 5     | 5     | .....   |
| 25. Lee .....        | 2     | 2     | .....   |
| 26. Leon .....       | 4     | 2     | 2       |
| 27. Levy .....       | 1     | 1     | .....   |
| 28. Liberty .....    | ..... | ..... | .....   |
| 29. Madison .....    | 3     | 1     | 2       |
| 30. Manatee .....    | 8     | 7     | 1       |
| 31. Marion .....     | 8     | 5     | 3       |
| 32. Monroe .....     | 5     | 5     | .....   |
| 33. Nassau .....     | ..... | ..... | .....   |
| 34. Okaloosa .....   | ..... | ..... | .....   |
| 54. Okeechobee ..... | ..... | ..... | .....   |
| 35. Orange .....     | 15    | 13    | 2       |
| 36. Osceola .....    | 2     | 2     | .....   |
| 37. Palm Beach ..... | 40    | 23    | 17      |
| 38. Pasco .....      | 3     | 3     | .....   |
| 39. Pinellas .....   | 22    | 17    | 5       |
| 40. Polk .....       | 20    | 18    | 2       |
| 41. Putnam .....     | 2     | 1     | 1       |
| 42. St. Johns .....  | 10    | 7     | 3       |
| 43. St. Lucie .....  | 11    | 5     | 6       |
| 44. Santa Rosa ..... | ..... | ..... | .....   |
| 60. Sarasota .....   | 1     | ..... | 1       |
| 45. Seminole .....   | 4     | 1     | 3       |
| 46. Sumter .....     | ..... | ..... | .....   |
| 47. Suwannee .....   | 3     | 2     | 1       |
| 48. Taylor .....     | 2     | 2     | .....   |
| 61. Union .....      | ..... | ..... | .....   |
| 49. Volusia .....    | 19    | 15    | 4       |
| 50. Wakulla .....    | ..... | ..... | .....   |
| 51. Walton .....     | ..... | ..... | .....   |
| 52. Washington ..... | 1     | 1     | .....   |

# THE BALTIMORE AND OHIO RAILROAD COMPANY

## SAFETY DEPARTMENT

Fatalities Involving Motor Vehicle Accidents of All Kinds And Those Occurring at Highway Crossings.  
1925 Compared with 1924.

| State                | Motor Vehicles<br>Registered<br>For the year |           | %<br>of Inc. | Total<br>Fatalities<br>Motor Vehicles |       | %<br>of Inc. | Fatalities<br>at Highway<br>Crossings<br>Mot. Vehicles |      | %<br>of Inc. | % of<br>Fatalities<br>at<br>Crossings |      |
|----------------------|----------------------------------------------|-----------|--------------|---------------------------------------|-------|--------------|--------------------------------------------------------|------|--------------|---------------------------------------|------|
|                      | 1925                                         | 1924      |              | 1925                                  | 1924  |              | 1925                                                   | 1924 |              | 1925                                  | 1924 |
| Alabama              | 194,580                                      | 157,262   | 24           | 253                                   | 193   | 31           | 18                                                     | 20   | 10*          | 7                                     | 10   |
| Arizona              | 68,029                                       | 57,828    | 18           | 76                                    | 68    | 12           | 5                                                      | 5    | —            | 7                                     | 7    |
| Arkansas             | 183,589                                      | 141,983   | 29           | 119                                   | 111   | 7            | 24                                                     | 20   | 20           | 20                                    | 18   |
| California           | 1,440,541                                    | 1,319,394 | 9            | 1,484                                 | 1,364 | 9            | 84                                                     | 73   | 15           | 6                                     | 5    |
| Colorado             | 240,097                                      | 213,247   | 13           | 127                                   | 175   | 27*          | 12                                                     | 20   | 40*          | 9                                     | 11   |
| Connecticut          | 250,669                                      | 217,227   | 15           | 354                                   | 302   | 17           | 12                                                     | 10   | 20           | 3                                     | 3    |
| Delaware             | 40,140                                       | 35,136    | 14           | 33                                    | 44    | 25*          | 3                                                      | 13   | 77*          | 9                                     | 30   |
| District of Columbia | 103,092                                      | 88,762    | 17           | 89                                    | 104   | 14*          | 0                                                      | 2    | 100*         | 0                                     | 2    |
| Florida              | 286,388                                      | 195,128   | 47           | 454                                   | 243   | 87           | 37                                                     | 20   | 85           | 8                                     | 8    |
| Georgia              | 248,093                                      | 207,688   | 19           | 386                                   | 342   | 13           | 36                                                     | 27   | 33           | 9                                     | 8    |
| Idaho                | 81,506                                       | 69,227    | 18           | 64                                    | 59    | 8            | 10                                                     | 3    | 233          | 16                                    | 5    |
| Illinois             | 1,263,177                                    | 1,119,236 | 13           | 1,548                                 | 1,258 | 23           | 186                                                    | 126  | 48           | 12                                    | 10   |
| Indiana              | 725,410                                      | 651,705   | 12           | 644                                   | 534   | 21           | 118                                                    | 131  | 10*          | 18                                    | 25   |
| Iowa                 | 659,202                                      | 616,128   | 7            | 261                                   | 211   | 24           | 31                                                     | 42   | 21*          | 12                                    | 20   |
| Kansas               | 457,033                                      | 410,891   | 11           | 213                                   | 149   | 43           | 46                                                     | 53   | 13*          | 25                                    | 36   |
| Kentucky             | 261,647                                      | 229,804   | 14           | 225                                   | 137   | 64           | 27                                                     | 14   | 93           | 12                                    | 10   |
| Louisiana            | 207,000                                      | 178,000   | 16           | 236                                   | 204   | 16           | 24                                                     | 12   | 100          | 10                                    | 6    |
| Maine                | 140,499                                      | 127,178   | 10           | 102                                   | 99    | 3            | 4                                                      | 12   | 67*          | 4                                     | 12   |
| Maryland             | 234,247                                      | 198,398   | 18           | 265                                   | 246   | 8            | 15                                                     | 13   | 15           | 6                                     | 5    |
| Massachusetts        | 646,153                                      | 570,578   | 13           | 755                                   | 709   | 6            | 16                                                     | 24   | 33*          | 2                                     | 3    |
| Michigan             | 989,010                                      | 867,545   | 14           | 1,093                                 | 995   | 10           | 92                                                     | 100  | 8*           | 8                                     | 10   |
| Minnesota            | 569,694                                      | 503,437   | 11           | 359                                   | 361   | 1*           | 34                                                     | 39   | 13*          | 9                                     | 11   |
| Mississippi          | 177,262                                      | 134,680   | 31           | 175                                   | 123   | 42           | 18                                                     | 23   | 22*          | 10                                    | 19   |
| Missouri             | 604,166                                      | 540,500   | 12           | 547                                   | 479   | 14           | 47                                                     | 30   | 57           | 9                                     | 6    |
| Montana              | 94,656                                       | 79,695    | 19           | 93                                    | 75    | 24           | 12                                                     | 9    | 33           | 13                                    | 12   |
| Nebraska             | 338,719                                      | 308,715   | 10           | 106                                   | 121   | 12*          | 46                                                     | 29   | 58           | 43                                    | 24   |
| Nevada               | 21,169                                       | 18,118    | 17           | 22                                    | 13    | 69           | 0                                                      | 1    | 100*         | 0                                     | 8    |
| New Hampshire        | 81,498                                       | 70,932    | 15           | 93                                    | 60    | 55           | 9                                                      | 6    | 50           | 10                                    | 10   |
| New Jersey           | 580,554                                      | 504,217   | 15           | 846                                   | 850   | 1*           | 53                                                     | 71   | 25*          | 6                                     | 8    |

|                      |            |            |    |        |        |     |       |       |     |    |    |
|----------------------|------------|------------|----|--------|--------|-----|-------|-------|-----|----|----|
| New Mexico .....     | 49,111     | 41,680     | 18 | 52†    | 46     | 13  | 9     | 4     | 125 | 17 | 9  |
| New York .....       | 1,625,583  | 1,412,879  | 15 | 2,078  | 2,061  | 1   | 122   | 118   | 3   | 6  | 6  |
| North Carolina ..... | 340,287    | 302,232    | 13 | 365    | 337    | 8   | 31    | 27    | 15  | 8  | 8  |
| North Dakota .....   | 144,972    | 117,346    | 24 | 68     | 30     | 127 | 12    | 6     | 100 | 18 | 20 |
| Ohio .....           | 1,346,400  | 1,241,600  | 8  | 1,541  | 1,209  | 27  | 212   | 224   | 5*  | 14 | 19 |
| Oklahoma .....       | 424,345    | 369,903    | 15 | 216    | 173    | 25  | 23    | 28    | 18* | 11 | 16 |
| Oregon .....         | 216,553    | 192,615    | 12 | 151    | 159    | 5*  | 8     | 9     | 11* | 5  | 6  |
| Pennsylvania .....   | 1,330,433  | 1,228,587  | 8  | 1,573  | 1,535  | 2   | 108   | 86    | 26  | 7  | 6  |
| Rhode Island .....   | 101,756    | 95,482     | 7  | 146    | 110    | 33  | 5     | 1     | 400 | 3  | 1  |
| South Carolina ..... | 168,496    | 161,753    | 4  | 187    | 168    | 11  | 18    | 19    | 5*  | 10 | 11 |
| South Dakota .....   | 168,028    | 142,396    | 18 | 82     | 55     | 49  | 6     | 2     | 200 | 7  | 4  |
| Tennessee .....      | 244,626    | 204,680    | 20 | 260†   | 233    | 12  | 33    | 22    | 50  | 13 | 9  |
| Texas .....          | 975,083    | 801,712    | 22 | 437    | 313    | 40  | 68    | 69    | 1*  | 16 | 22 |
| Utah .....           | 90,500     | 68,316     | 32 | 93†    | 71     | 31  | 3     | 4     | 25* | 3  | 6  |
| Vermont .....        | 69,576     | 61,179     | 13 | 63     | 57     | 11  | 3     | 6     | 50* | 5  | 11 |
| Virginia .....       | 282,650    | 261,945    | 8  | 267    | 254    | 5   | 12    | 25    | 52* | 4  | 10 |
| Washington .....     | 328,442    | 295,443    | 11 | 333    | 280    | 19  | 22    | 13    | 69  | 7  | 8  |
| West Virginia .....  | 217,589    | 190,734    | 14 | 189    | 129    | 46  | 13    | 7     | 86  | 7  | 5  |
| Wisconsin .....      | 594,386    | 525,221    | 13 | 380    | 336    | 13  | 56    | 70    | 20* | 15 | 21 |
| Wyoming .....        | 47,711     | 43,639     | 9  | 61     | 55     | 11  | 1     | 0     | —   | 2  | 0  |
| Totals .....         | 19,954,347 | 17,591,981 | 13 | 19,564 | 17,240 | 13  | 1,784 | 1,688 | 6   | 9  | 10 |

\* denotes decrease. † denotes estimated figures.

Information as to registration obtained from National Auto Chamber of Commerce.

Information as to total fatalities from State Boards of Health, Bureau of Vital Statistics and Automobile Commissioners.

Three States could not furnish information and figures for these were estimated on basis of motor vehicle registration.

Highway crossing fatalities in motor vehicle accidents obtained from the Interstate Commerce Commission records.

JOHN T. BRODERICK

Baltimore, Md., June 15, 1926.

READ CAREFULLY



**BE CAREFUL !**



HUMAN LIFE IS THE STATE'S GREATEST ASSET



# HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

## STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921  
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

VOL. 18

NOVEMBER, 1926

No. 11

Edited by  
STEWART G. THOMPSON, D. P. H.  
Director, Bureau of Vital Statistics  
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

**B. L. ARMS, M. D., STATE HEALTH OFFICER**  
Jacksonville

### THE BOARD

|                      |                         |
|----------------------|-------------------------|
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## DIRECTORS

|                                         |                               |
|-----------------------------------------|-------------------------------|
| Diagnostic Laboratories                 | Pearl Griffith, B. E., Acting |
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| Communicable Diseases                   | F. A. Brink, M. D.            |
| Engineering                             | Ellsworth L. Filby, C. E.     |
| Child Hygiene and Public Health Nursing | Laurie Jean Reid, R. N.       |
| Accounting                              | Screven Dozier                |

\*550 Local Registrars (County lists furnished on request).

\*Emergency Registration Inspector.....Beckie McLean

## LABORATORIES

## HEADQUARTERS

## BACTERIOLOGIST IN CHARGE

|              |                        |
|--------------|------------------------|
| Jacksonville | Pearl Griffith, B. E.  |
| Miami        | E. R. Powell           |
| Pensacola    | Janie B. Currie, B. S. |
| Tallahassee  | Elizabeth Byrd         |
| Tampa        | H. D. Venters, B. S.   |

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## HEADQUARTERS

## NAME

|                          |                          |
|--------------------------|--------------------------|
| Ft. Lauderdale on detail | A. P. Harrison, M.D.     |
| Fort Myers               | W. A. Harrison, M. D.    |
| Jacksonville             | B. C. Wilson, M. D.      |
| Key West                 | J. Y. Porter, Sr., M. D. |
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| Lake Worth               | M. T. MacAvelia, M.D.    |
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| Pensacola                | D. S. Fraser, M. D.      |
| Tallahassee              | L. L. Dozier, M.D.       |
| Tampa                    | Chas. W. Pease, M.D.     |

## DISTRICT SANITARY OFFICERS

## HEADQUARTERS

## NAME

|                  |                         |
|------------------|-------------------------|
| Tampa            | *V. B. Lamoureux, C. E. |
| West Palm Beach  | *Paul H. Marnier, B. S. |
| DeFuniak Springs | Oscar Seewald           |
| Jacksonville     | Fred Safay              |
| Key West         | W. J. Bartlum, D. D. S. |
| Miami            | George Reed             |
| Ocala            | C. A. Holloway          |
| Orlando          | E. S. Talbott           |
| Punta Gorda      | G. A. Renney            |
| Stuart           | W. E. Cooke             |
| Tallahassee      | C. N. Hobbs             |
| Tampa            | D. H. Osborn            |
| West Palm Beach  | Russell Broughman       |

\*Assistant Engineer

## PUBLIC HEALTH NURSES

## HEADQUARTERS

## NAME

|                  |                             |
|------------------|-----------------------------|
| Jacksonville     | †Isabelle R. MacCann, R. N. |
| Jacksonville     | †Byrtene C. Anderson, R. N. |
| †Dade City       | Helen A. Davis, R. N.       |
| †Dade City       | Flora B. Williams, R. N.    |
| †Fort Myers      | Beulah Hieber, R. N.        |
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| †Marianna        | Laura Niblock, R. N.        |
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| †Ocala           | Mary G. Dodd, R. N.         |
| †Palatka         | Elizabeth Smith, R. N.      |
| †Pensacola       | Lula A. Davis, R. N.        |
| †Sebring         | Jule Graves, R. N.          |

†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

## ADMINISTRATION

B. L. Arms, M. D., State Health Officer

### HEALTH CONDITIONS FOLLOWING THE STORM

A considerable time (six weeks) has elapsed since the storm that hit sections of the southern part of the State September 18th and 19th, and we can now look back and review the period with a feeling that a sufficient time has passed to make our observations of value.

The outstanding fact is that there has been no increase in the number of cases of communicable diseases in any part of the affected area.

There were of course a great many cases of injuries that required medical and surgical treatment and there were a few cases of measles, diphtheria and scarlet fever that no one would think of attributing to the storm and seven cases of typhoid reported in Dade, Broward and Glades Counties for the four weeks ending October 10th, as compared to sixteen in these counties in 1925 for the same period.

One case of dengue was reported and seven cases of malaria in the period since September 18th.

In spite of the exposure at the time and the strenuous weeks that followed, the health of the citizens and workers has remained excellent and the morale has been wonderful during the entire period, this holds true for the area both along the coast and around Lake Okeechobee.

The wonder is that the mortality list was as low as it was but the fact that the wind began on the coast during the night was an aid, for otherwise more people would have been outside and been injured by flying objects. On the other hand, the fact that the water at Moore Haven rose during the daytime gave more opportunity to avoid it than would have been possible had the sudden rise occurred during the night.

Every effort was made to avoid the spread of infections and the result has been most gratifying.

The activities of the various Bureaus of the State Board of Health will be given by the directors, but I realize that not one of them will detail more than a fraction of their efforts and some Bureaus will make no report of such activities. Of course more of the emergency work fell on the Bureaus of Engineering and Child Hygiene and Public Health Nursing than on other bureaus, but every employee of the State Board did an added amount of work on account of the storm whether they were in the area or not.

For some time to come there will be representatives from the Bureau of Engineering in Broward and Glades Counties, and a district medical officer has been detailed to Broward County after having spent about three weeks with the Miami Health Department, and he will stay as long as the need exists.

**ADMINISTRATION—(Continued)**

Inasmuch as Health Notes goes to many outside of the State it would seem wise to add a word as to the extent of the affected area, for many in other parts of the country fail to realize that Florida is the second largest state east of the Mississippi. Most of the people in the north do not know that Jacksonville is by rail 522 miles north of Key West, 366 from Miami, and Pensacola is 369 miles west by rail from Jacksonville; that of the sixty-seven counties in the State sixty escaped and that the bulk of the damage was in four counties, there being but a comparatively small amount of damage in three others.

Florida is still here and the spirit that has made the State is still here and those sections that were most heavily hit will come back better than before, for the buildings will be constructed in such a manner that should another storm come they will withstand the strain.

— F. H. N. —

**BUREAU OF COMMUNICABLE DISEASES**

**F. A. Brink, M. D., Director**

**STORM WARNING**

Had it been possible accurately to forecast the destruction of life and property caused by the storm of September 17, and to convince people that the forecast was dependable, a stupendous effort would have been made to prevent that destruction, and the saving in human life would have justified almost any expenditure.

Probably no one had given serious thought to or realized the possibility of such a calamity until AFTER it happened, though now it is evident that conditions were right for it.

Roger Babson speaks of the deaths and injuries as a "Terrible event from a humanitarian view but economically not serious. Truly it is not as serious as certain annual events to which we give little heed.

**PREDICTION OF 3000 PREVENTABLE DEATHS**

It would not take a prophet to go over the figures for the principal causes of death in recent years and forecast the approximate number of preventable deaths that will occur during the next twelve months.

Last year there were more than three thousand deaths occasioned by a few of the communicable (preventable) diseases, childbirth and automobile accidents. This total does not include any deaths from the degenerative diseases of later life such as heart and kidney disorders nor does it include deaths from accident other than automobile accident, for example, drowning, poisoning, railway accidents, etc. Many of these deaths could be prevented or postponed, and years thus added to the lives of many persons at the time of their greatest usefulness.

Last year in Florida nine hundred ninety nine lives were taken



**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

by tuberculosis, many of them could have been saved by early recognition of the disease and proper care, preferably in a tuberculosis sanitarium.

Typhoid, malaria and diphtheria accounted for 501 deaths. All are preventable by sanitation, mosquito control, correct housing (screening), personal hygiene and active immunization.

Last year dysentery killed 90 and syphilis 235. The former is caused by improper diet and bad sanitary and hygienic conditions; the latter is nearly all caused, directly or indirectly, by personal misconduct.

Automobile accidents accounted for 454 deaths in 1925.

There were 330 mothers lost their lives from various causes, directly connected with pregnancy and child-birth. A very considerable number of these mothers could have been saved by adequate care during pregnancy, childbirth and the period immediately after. This perhaps is the saddest chapter in the story because the life of the mother is sacrificed in giving to the world the most precious thing in the world—a baby.

Too much cannot be done to prevent deaths and injuries from the uncontrollable forces of nature. THE storm has taught us a lesson of incalculable value; to future generations it will prove a blessing in the form of better building regulations, and more substantial construction, but may not the lesson of the storm, together with that of the more costly experience brought so forcefully before us by the figures of the statistician, point the need for a more adequate system of public health and personal hygiene. Let us be diligent to recognize and treat tuberculosis in its early stages and provide hospital care as soon as possible. Let us spend more time, effort and money to make Florida a more sanitary state, with fewer mosquitoes, better houses and a larger percentage of immunity to diphtheria, smallpox and typhoid. Let us learn more about proper diet for adults as well as children. Let us be governed more by the rules of social hygiene and less by the reckless urge of modern day rush, and let the lives and health of all be guarded by the practical application of all the skill and knowledge of the medical profession and legitimate health agencies, then will our fair state experience an era of unprecedented healthfulness, happiness and prosperity.

**SMALLPOX VACCINATION****THE SEYMOUR PLAN**

Health workers all over America are stressing the prevention of smallpox. Dr. M. M. Seymour, Health Commissioner of Saskatchewan, at the annual conference of the health officers of North America, proposed that during November and December, a special effort be made to stamp out this dangerous and loathsome disease. His plan was adopted and all health agencies whether official or volunteer, are

**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

devoting a good part of their time, during these two months, to giving out information as to the need of preventing smallpox, the extreme care that is taken to prepare a pure vaccine and the simplicity and safety of the modern day method of vaccinating and caring for the vaccinated arm. It is always to be presumed that parents and others responsible for the wellbeing of children desire to do whatever is best for them. It is also presumed that health officers the world over are in a very good position to say whether vaccination is a desirable protection—they all testify that it is—and they are presumed to be honest. Among health officers, vaccination is recognized to be the only reliable means of preventing smallpox in the individual or in the community. Do you, parents and guardians, want your children to have smallpox? Do you, Mayors, city councilmen, preachers, teachers, doctors, senators, county commissioners and all community leaders want smallpox to break out in your city or county? It may have occurred to you already that an outbreak of smallpox in your community would not only menace the unvaccinated members of your own family but would hurt the community and every one in it financially. People shun smallpox, they go elsewhere to trade if it is present in their usual trading center.

It is to be recalled and borne in mind that the known case of smallpox is not the most dangerous but the mild case that is not seen by a physician, is not recognized, and the patient moves about freely leaving a trail of infection that becomes apparent after the incubation period of about two weeks.

Let the loyal citizens of this beautiful state give sober thought to this problem and act according to their good judgment and conscience, let vaccination be recognized and accepted for the invaluable protection which it affords. Go to your doctor today and be vaccinated.

**DIPHTHERIA IMMUNIZATION**

A few years ago it was difficult for the field workers to develop interest in Schick testing and toxin-antitoxin immunization sufficient to keep themselves busy. So successful has been the publicity campaign and so evident the effect of immunization in reducing the number of cases and deaths from diphtheria in certain cities and counties that the demand for this preventive work has become quite general and some of the medical officers have a waiting list of communities that have requested their services for this work.

— F. H. N. —

Dr. B. C. Wilson, formerly director of the Grayson County, Kentucky Health Unit, has been appointed Field Medical Officer for the Jacksonville District, with headquarters at Jacksonville.

**BUREAU OF ENGINEERING****Ellsworth L. Filby, C. E., Chief Engineer****ESSE QUAM VIDERI**

An old motto states that actions speak louder than words. The Engineering Bureau believes in action and acts. The storm disaster news appeared in Jacksonville papers Sunday morning and by one thirty two members of the Engineering Bureau were on their way by automobile to Miami, carrying supplies of tetanus antitoxin, typhoid bacterin and other biologics. Punctures, roads full of water, rain and Sunday afternoon traffic delayed the arrival in Miami until 3 A. M. Stops were made at West Palm Beach, Ft. Lauderdale, Hollywood and Miami to secure passes through the guards and to deliver supplies to the various hospitals in use. At two thirty in the morning Engineer Paul Marner of this Bureau was met near Hollywood and detailed to Ft. Lauderdale and Hollywood water supplies.

Monday headquarters were established at Ft. Lauderdale with Messrs Safay, Broughman and Cook placing their services at the city's disposal. Engineer Marner was on duty at Hollywood and City Sanitary Engineer Fuller of Jacksonville reported at Ft. Lauderdale that afternoon and was placed in charge of chlorination of the water supply there. Application of chlorine direct from a cylinder was resorted to. Control by orthotolidine and loss of weight was established. Sanitary officer Reed remained on duty at Miami throughout the storm starting Monday to assist devastated tourist camps rehabilitate their water supply which, with the loss of electricity for pumping power, had soon been depleted. Fords, Dodges, Buicks and all sorts of tractors were used to pump water all through the area. The abandoned crude oil engine plant at Ft. Lauderdale was rehabilitated through the efforts of Mr. Keis, Consulting Engineer for the city and the local Superintendent.

Tuesday Officers Hobbs and Holloway reported from Tallahassee and Ocala and Mr. Randle, moving picture operator of the Board was pressed into service as a sanitary inspector. Reports came filtering in by messengers that Moore Haven had been devastated and Pensacola hit.

Engineer Lamoureux from Tampa got into Moore Haven on Tuesday after the storm carrying C. C. Humphries of the Tampa Water Department. An estimate of the situation was made and arrangements made to get the needed repair parts to rehabilitate the water works and light plant. It was evident that high water would prevent any sanitary work for weeks and breaks in service connections from water mains would necessitate shutting off all services.

Inspection of the Homestead-Perrine section was made to ascertain the need of sanitary work there. Officer Bartlum came up from Key West to assist in the work in this vicinity and along the Keys. Spare chlorinators and parts were obtained from the West Palm Beach Water Company at West Palm Beach and the city of

**BUREAU OF ENGINEERING—(Continued)**

Lake Worth and were distributed to the Miami Water Company emergency pump stations.

Wednesday contact was made with Dr. Bundesen and Engineer Gorman of the Chicago Herald Examiner Relief Train and arrangements made with Mr. Thereux of the City of Miami to install and control by orthotolidine and continuous inspection—chlorine sterilization of the Miami City Water. Chlorination was installed at Dania, and Hollywood by Engineer Marner and Mr. Robinson of the West Palm Beach Water Company. In all cases excessive dosage was resorted to in order to clean up the distribution systems. Hypochlorite solution was freely used to dose private wells, bottled water plants and containers in which water was transported. Quantities of hypochlorite were used for disinfection purposes. In the meantime community privies of the pit type were constructed in several towns and arrangements made to evacuate all women and children from Davie, Florida. Sanitary officer Osburn of Tampa got into the Moore Haven section.

And so it went on—Wallace Tiernan Company of Newark, N. J., manufacturers of chlorine control apparatus sent their southeastern representative into the area with spare parts, the cities of Jacksonville, Ft. Pierce and Lake Worth sent in cylinders of chlorine. The West Palm Beach Water Company placed its supplies and forces Jacksonville, Ft. Pierce and Lake Worth sent in cylinders of chlorine. so we could get it promptly. Every agency offered assistance to the State Board of Health. The State Boards of Health of Georgia, South and North Carolina placed their Engineering Bureau staffs at our disposal. Private engineering corporations in the State offered prompt service if needed.

And so it went on, work progressed—out of chaos came order, relief emergencies passed—those who had lost all sense of reasoning began to think, wild predictions failed to materialize and persons who were not easily stampeded by suggestions took hold of the situation. Much could be written—how efforts to secure universal pasteurization of milk were successful in face of strong opposition in Miami and Hollywood—how Davie was evacuated, etc. But enough—To Messrs Bartlum, Broughman, Cook, Holloway, Hobbs, Osburn, Safay and Reed, District Sanitary Officers of this Bureau, to Engineers Marner and Lamoureux, credit goes for untiring efforts and a willingness to pitch in at any needed place to carry on in spite of all difficulties. Special mention must be made of the unceasing efforts and labor of Paul Marner, on the lower east coast—no demand was too big—no task too small. Act now, talk later was our motto and by following this we failed utterly in one respect—we did not get into the public press as to what we were going to do—we were doing it. All the members of the Bureau gave their skill and hand and brain and results—"Sans tache"—speak for themselves. Not a single prediction of epidemics, outbreaks of disease or pestilence stalking through



**BUREAU OF ENGINEERING—(Continued)**

the land fulfilled!

Engineer Marner assisted by Sanitary Officers Cook and Broughman is now in charge of sanitary work in Broward County and Engineer Lamoureux is in charge at Moore Haven.

Engineering still is on the job, for after all is written the sanitary work must go on and as the Good Book says: "The last shall be first and the first last, for many are called but few chosen."

— F. H. N. —

**CHILD HYGIENE AND PUBLIC HEALTH NURSING**

**Mrs. Laurie Jean Reid, R. N., Director**

**THE PUBLIC HEALTH NURSE IN DISASTER WORK**

"Knowledge is Power", and the knowledge acquired by the public health nurse both in her basic training in hospital and subsequent training for the public health field is particularly valuable in the emergency caused by any form of disaster.

The public health nurse is trained to work with people, not as individuals so much as families, each one of which is an integral part of a community. She must needs think in terms of community house-keeping in that the conditions which obtain in one home may affect the entire community. She has learned the value of a vision that takes in everything that affects the family in their environment without asking too many questions and a sympathetic understanding of human nature that is invaluable in being helpful to people in trouble. She has learned to fit herself into strange grooves without complaint and forget herself in the needs of others.

Following the hurricane, which worked such havoc in parts of Florida, the entire nursing staff of the State Board of Health was detailed to the storm area for duty. The first work done was emergency relief, the State Board of Health nurses acting in conjunction with local agencies. Immunization against typhoid was immediately begun in all communities and tetanus antitoxin was given where indicated. In this emergency work nurses under the direction of physicians assisted with the inoculations.

A hasty survey was made of the outlying communities and back country in order that relief might be gotten to those whose need was greatest without loss of time. Almost every means of conveyance was used in doing this work, from a fleet of motor busses and privately owned limousines, by means of which a back country settlement was evacuated, to trucks, small boats, and dug-outs, which were used to reach communities in the glades area around Lake Okeechobee. Supplies of food and clothing were carried and distributed as needed. Medical supplies were also provided for immediate use.

Because of their knowledge of the territory, and in many instances acquaintance with the families from work previously done

**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

in their regular work, the State Board of Health Nurses were in a position to render valuable assistance and this was given by them cheerfully to the limit of their capacity.

Following the first emergency and the assumption of the responsibility of the relief and rehabilitation work by the Red Cross, a health survey was made by the public health nurses for the use of case workers, which work is now being carried on by the Red Cross, the State Board of Health staff nurses having been relieved from service in the storm area and have resumed their regular duties in their respective districts.

In times of stress we need people with knowledge and we may all learn a lesson from this emergency, the lesson of being always ready by keeping one's own health up to standard, by being up to the minute on all matters pertaining to community health and welfare and by fostering within ourselves a desire to serve.

————— F. H. N. —————

**SCHOOL CAFETERIA CAN TEACH RIGHT FOODS**

Food education, which is such an important factor contributing to school health, can be given all children through the school lunch, states Emeline S. Whitcomb in *Hygeia* for November. This may be done by offering the children only those foods that are healthful, and by guiding them in making their selections, so that they will have a well-balanced meal suited to their individual needs. Then the underweights will not lunch exclusively on pickles and pop, and the overweights will not eat so much whipped cream, cake and pie.

Although such an undertaking will require a trained woman to supervise the lunchroom, even if she does not do the cooking, and will mean an added outlay for wholesome food, it may be carried out without any financial loss, as has been done in a number of places.

The school lunchroom is no place to make money for other school activities; it should be self-supporting but no more, thinks Miss Whitcomb. By charts, posters and photographs, and even by biological experiments, the children's interest may be roused and they will soon show a preference for wholesome food. The school cafeteria may be made the greatest health educational laboratory in the whole school system.

**BUREAU OF DIAGNOSTIC LABORATORIES**

Pearl Griffith, B. E., Acting Director

**SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF SEPTEMBER, 1926**

|                        | Jackson-<br>ville | Tampa | Pensa-<br>cola | Miami | Talla-<br>hassee* | Total |
|------------------------|-------------------|-------|----------------|-------|-------------------|-------|
| Animal Parasites ..... | 868               | 303   | 69             | 80    | .....             | 1320  |
| Diphtheria .....       | 185               | 92    | 35             | 276   | .....             | 588   |
| Typhoid .....          | 293               | 153   | 35             | 32    | .....             | 513   |
| Malaria .....          | 398               | 161   | 36             | 33    | .....             | 628   |
| Rabies .....           | 11                | 7     | .....          | 5     | .....             | 23    |
| Tuberculosis .....     | 192               | 81    | 11             | 34    | .....             | 318   |
| Gonorrhoea .....       | 350               | 202   | 15             | 39    | .....             | 606   |
| Wasserman .....        | 1839              | 883   | .....          | 245   | .....             | 2967  |
| Water: Bact. Exam..... | .....             | 40    | .....          | 50    | .....             | 90    |
| Water: Chem. Exam..... | .....             | ..... | .....          | 583   | .....             | 583   |
| Milk: Bact. Exam.....  | 17                | 15    | 21             | 158   | .....             | 211   |
| Milk: Chem. Exam.....  | 17                | 14    | 21             | 318   | .....             | 370   |
| Miscellaneous: .....   | 76                | 25    | 3              | 16    | .....             | 120   |
|                        | 4246              | 1976  | 246            | 1869  | .....             | 8337  |

Specimen Containers Distributed.....10,623

**BIOLOGICAL PRODUCTS DISTRIBUTED DURING SEPTEMBER  
1926**

|                              |              |                 |
|------------------------------|--------------|-----------------|
| Diphtheria Antitoxin.....    | 10,000 units | 200 Packages    |
|                              | 5,000 units  | 53 Packages     |
| Toxin Antitoxin.....         |              | 5926 c.c.       |
| Schicks.....                 |              | 7650 Tests      |
| Tetanus Antitoxin.....       | 20,000 units | 26 Packages     |
|                              | 10,000 units | 51 Packages     |
|                              | 1,500 units  | 2605 Packages   |
| Antimeningococcus Serum..... |              | 32 Cylinders    |
| Typhoid Vaccine.....         | Plain        | 4119 Treatments |
|                              | Triple       | 8615 Treatments |
| Vaccine Virus.....           |              | 6749 Points     |
| Antirabic Virus.....         |              | 32 Treatments   |

Carbon Tetrachloride..... 2000 Capsules

\*Tallahassee Laboratory closed since June 10, 1926

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**

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### IN MEMORIAM

In Health Notes for October, 1925, the following note appeared:

#### "DR. BEAN COMES HOME

After an absence of eight years, Dr. J. R. Bean, returns to the Laboratories of the State Board of Health. During his absence Dr. Bean spent two years in the service, fifteen months of which time was overseas. Was for four and one-half years in charge of the Jefferson County Laboratory of Birmingham, Alabama, this being a state, county and city laboratory, and for the past eighteen months has been in charge of the City Laboratory at Savannah, Georgia."

Little did we think at that time that but thirteen months later we would announce that Dr. Bean had gone home. Last April symptoms developed suddenly that pointed to a brain tumor and he was taken to Johns Hopkins Hospital at Baltimore, where an operation was performed but from the first there was no hope for recovery.

After a short time he was removed to Walter Reed Hospital at Washington where he remained until the final summons came October 27th. Burial was at Arlington.

Dr. Bean had a host of friends among the public health workers and especially those doing laboratory work as well as the citizenship of the communities in which he lived and worked and their sympathy goes to his widow and father.

This page is dedicated to his memory.

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**BUREAU OF VITAL STATISTICS****Stewart G. Thompson, D. P. H., Director****STORM EMPHASIZES IMPORTANCE OF RECORDS**

The recent storm in Florida took a toll of 242 lives in sixteen cities, according to provisional figures that have just been compiled. Realizing the value of death certificates to those who are left behind, it was only natural that my first thought as Director of the Vital Statistics Bureau in connection with the storm would be—how can bodies be identified? In the confusion during a storm, and immediately following, as a usual thing, very little thought is given to a record such as a death certificate. However, when a loved one is located in some other part of the state, or separated from other members of the family, even though the pangs of sorrow may cut deep, it is a great satisfaction, nevertheless, to view the original death certificate and thereby learn the truth regarding the disposition of the body.

Those most closely in touch with the Bureau of Vital Statistics are brought constantly in touch with persons who are seeking information regarding missing members of families, relatives or friends. In some cases, we are not able to assist but in the majority of cases, the original record is produced as the certificates are carefully bound in books and a continuous card index for ready reference compiled so that the information concerning any certificate on file may be found in a very few moments even though the death occurred months or years previously.

Conditions following the storm in this state have emphasized so forcibly the value of a death certificate for identification that it is not necessary at this time for me to go over the many reasons for quickly identifying a body and filing the original death certificate. I would, however, like to mention the fact that this is only one of many conditions or circumstances that arise making a death certificate of immense value. If those responsible for filing a death certificate could only appreciate its value, it would eliminate many a heart-ache and reimburse many a pocketbook when the record was demanded. Well over 1,600 certified copies of birth and death records were issued from this Bureau during the past year for various purposes. Many of you would be interested to know the different reasons given in the letters where appeals have been made for official copies of original certificates. The requests cover legal purposes, pensions, life insurance policies—and by the way, the life insurance companies are now practically all demanding a copy of the original death certificate before a policy is paid—; titles and right to inheritance; identification of missing persons, from runaway boys to criminals who have died in prisons and have been interred without the knowledge of relatives.

As a rule, it is not difficult to find a sympathetic ear when outlining the legal use of a certificate and even now it is not so difficult to arouse interest when reciting the needs for certificates in connection with public health matters. The birth and death certificates make the

**BUREAU OF VITAL STATISTICS—(Continued)**

basis for the bookkeeping of life. The most precious thing in all the world is a baby; the most valuable asset of any state is its people. The best method yet devised for measuring the value of the people in any state has been through the records of Vital Statistics. When all births and deaths are properly and completely registered in a state, it is then possible, through such records, to establish a unit by which the unnecessary decrease of this asset may be measured. For example, the number of deaths of infants under one year of age per thousand living births, gives what is known as the infant mortality rate. A high infant mortality rate is recognized all over the country as indicating improper sanitation and lack of proper care. Death rates from certain diseases and accidents, which represent the number of deaths per hundred thousand population, may be used to indicate the unnecessary waste in human life. High death rates from tuberculosis, typhoid fever, malaria, diarrhoea, enteritis, accidents by machinery and the many other causes of death that are more or less controllable gives the health workers, safety councillors, state and municipal officers definite information as to where their efforts are most needed. A measuring unit, when applied to a city, county or state, as compared with standards which are recognized all over the world, makes it possible to pick out the plague spots and concentrate all efforts on known waste and therefore relieve unnecessary work among the population where there is less need.

While I know the readers of this article are at this time particularly interested in the storm and its effects, as Director of the Vital Statistics Bureau, I feel that it is just as important for information to go out regarding other needs of Vital Statistics as to confine this article entirely to the effects of the storm. Last year, 16,832 deaths were registered in Florida while all deaths so far known to have been caused by the storm, make a total of only 242. I am not endeavoring to under-rate the importance of this unusual toll of lives but wish to emphasize the fact that other causes are taking a heavy toll day by day unnecessarily and because we have become reconciled or careless, some of us sit by and allow this needless waste to go on. I am referring now to such causes as typhoid fever, which took a toll of 187 deaths last year; malaria, 209, diphtheria, 105. These three diseases alone caused more than twice as many deaths last year as the storm did this year, while there is protection available against the three diseases just mentioned. There are numerous preventable causes taking a heavy toll that we will not have space to enlarge upon. It is hoped, however, that when we think of the storm, which is uncontrollable, we will not overlook protection from preventable diseases. The State Board of Health has issued many articles and publications on protection from diphtheria, typhoid fever and smallpox and it is hoped that the citizens of this state will not neglect their duty to their children, their neighbors and themselves in accepting immunization.

The annual report from the Vital Statistics Bureau when com-

## BUREAU OF VITAL STATISTICS—(Continued)

piled next year, will contain tabulations and information where records show the effect of the storm. Provisional figures which I have just compiled from telegrams, death certificates, etc., are as follows:

DEATHS FROM VIOLENCE, DROWNING, ETC.  
EFFECTS OF STORM

| City                 | Deaths    |
|----------------------|-----------|
| Arch Creek .....     | 4         |
| Coral Gables .....   | 10        |
| Dania .....          | 2         |
| Everglades .....     | 1         |
| Ft. Lauderdale ..... | 15        |
| Ft. Myers .....      | 2         |
| Fulford .....        | 3         |
| Goulds .....         | 1         |
| Hialeah .....        | 20        |
| Hollywood .....      | 31        |
| Miami .....          | 67        |
| Miami Beach .....    | 7         |
| Milton .....         | 1         |
| Moore Haven .....    | 76        |
| Ojus .....           | 1         |
| Perrine .....        | 1         |
|                      | <hr/> 242 |

— F. H. N. —

## NEW LOCAL REGISTRARS APPOINTED

| Number | Name                      | Address                 |
|--------|---------------------------|-------------------------|
| 6—06   | James W. Stephens.....    | Deerfield, Fla.         |
| 8—03   | Mrs. Mattie D. Perry..... | Floral City, Fla.       |
| 13—06  | Mrs. Grace B. Brown.....  | Mandarin, Fla.          |
| 14—037 | Mrs. Natalie Boyett.....  | Rt. 2, Pensacola, Fla.  |
| 14—047 | F. F. Nobles.....         | Gull Point, Fla.        |
| 20—03  | Dr. H. A. Stephens.....   | Ponce de Leon, Fla.     |
| 20—117 | Mrs. May Miller.....      | Westville, Fla.         |
| 27—037 | I. J. Tindale.....        | Otter Creek, Fla.       |
| 31—067 | Mrs. J. T. Ross.....      | Gaiter, Fla.            |
| 31—117 | L. D. Underwood.....      | Box 21, Lacota, Fla.    |
| 42—02  | C. E. Shoemaker.....      | Box 415, Hastings, Fla. |
| 50—02  | W. E. McKenzie.....       | Sopchoppy, Fla.         |
| 50—03  | Dr. J. Andrew Harper..... | Crawfordville, Fla.     |
| 52—097 | Miss Eula Yohn.....       | Ebro, Fla.              |

LIBRARIAN HYGIENIC,  
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## SMALLPOX



MOTHER PROTECTED BY VACCINATION

CHILD NOT VACCINATED

COMPARE RESULTS



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



# HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

## STATE BOARD OF HEALTH

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VOL. 18

DECEMBER, 1926

No. 12

Edited by  
STEWART G. THOMPSON, D. P. H.  
Director, Bureau of Vital Statistics  
Jacksonville

Tuberculosis



Number

B. L. ARMS, M. D., STATE HEALTH OFFICER  
Jacksonville

THE BOARD

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| Diagnostic Laboratories                 | Pearl Griffith, B. E., Acting |
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\*Emergency Registration Inspector—Beckie McLean

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|                  | *Assistant Engineer     |

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## HEADQUARTERS

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| †Sebring         | Jule Graves, R. N.          |

†Supervisors

†Address all correspondence care State Board of Health, Jacksonville.

## ADMINISTRATION

B. L. Arms, M. D., State Health Officer

## ONE NEED OF THE STATE

We receive a great many letters from various parts of the State asking where cases of tuberculosis can be cared for and we are obliged to answer that there is no hospital for the care of these patients.

There are two angles from which the tuberculosis problem should be attacked—the care of the cases and the protection of the public.

Every patient with tuberculosis needs instructions not only to the end that he may recover but it is of paramount importance that he so conduct himself that he may not be a source of danger to those with whom he comes in contact.

A careful patient with tuberculosis is a perfectly safe citizen, but a careless one is a great potential danger. What constitutes a “careless” patient for the term was intentionally used? The answer is, one who does not take every precaution to see that everyone is protected and the carelessness may be due to simple failure to understand the danger he may be to others or it may be from failure to put in practice precautions that he does know will protect those with whom he comes in contact.

There is no place where patients with tuberculosis can be trained that can compare with a sanatorium, for the training necessary is quite complex and covers the whole mode of living—rest, diet, work and play as well as the care of the excretions.

That education and care are effective in obtaining results is borne out by the fact that tuberculosis no longer leads the causes of death in the registration area but has been passed by a number of causes. This does not mean that we can neglect our duty for not only is this disease the cause of a great great many needless deaths but the great majority of those who are attacked are either just entering their productive years or are at the period of their greatest value to their community. This loss can be avoided and it is our duty as well as privilege to do everything in our power to conserve our citizens, for it is after all the people who make the state.

For every case of tuberculosis there are many contacts—potential future cases, and these should be carefully watched in order that the disease may not obtain a firm foothold before discovery. Every contact should have at least one examination each year and that by a physician who has given special attention to the diagnosis of early cases of tuberculosis for this is the only way in which the early cases can be detected, and the earlier the discovery the greater the probability of an early cure.

**BUREAU OF CRIPPLED CHILDREN****F. L. Fort, M. D., Director****JOINT TUBERCULOSIS**

The tubercle bacillus may attack any organ or structure of the body. The lungs are most frequently involved. The lymph glands are second, while joint tuberculosis is third in order of frequency of occurrence. Tuberculosis of a joint is a very serious disease, as it usually destroys the joint completely, and may result in loss of a limb or life itself. We know that the disease can be cured if it is diagnosed early enough; and is treated properly. This can only be achieved by constant cooperation between the patient and physician throughout a number of years. Most of the cases coming to a specialist have progressed to a stage where a cure is impossible and only the arrest of the disease can be hoped for. It is our policy to consider every case of joint tuberculosis as an emergency, and treatment is instituted at the earliest possible moment, and we hope that the physicians of the State will refer to us immediately, all cases of joint tuberculosis occurring in children in destitute homes.

It appears that many cases go for months with inadequate or improper treatment, because the disease is not recognized until far advanced. The great majority of cases of joint tuberculosis are easier diagnosed than pulmonary tuberculosis, if one is familiar with the symptoms and looks for them. The general symptoms of joint tuberculosis are the same as those of pulmonary tuberculosis. The patients are usually anemic and undernourished children with poor appetites, and are easily fatigued. There is usually an afternoon temperature of  $100^{\circ}$  to  $101^{\circ}$ , especially in the acute cases. A blood examination reveals a moderate increase of small lymphocytes. There is usually a general enlargement of the lymph glands.

The local symptoms of the disease are usually insidious in onset. Pain in the joint is one of the first things observed. "Night cries" although not a specific symptom, is a very frequent occurrence. Pain on motion of the affected joint develops early. Also limited joint motion, with muscle spasm, is one of the most constant of symptoms. Swelling of the tissues about the joint can be detected a few days after onset. Sometimes the joint is filled with fluid, serous in character at first, but purulent in the latter stages. Limping occurs early. Tenderness on deep pressure along the joint margin is indicative of a mild arthritis, but does not necessarily mean tuberculosis. Atrophy of the muscles above and below the affected joint occurs in two weeks, and to a more marked degree than in any other disease. The X-ray shows an early atrophy of the bones near the diseased joint, while roughening of the joint surfaces and progressive bone destruction is seen after



**BUREAU OF CRIPPLED CHILDREN—(Continued)**

the first month. With these points in mind the diagnosis is usually not difficult.

If tuberculosis is suspected, we find the VonPirquet skin test or Mantoux skin test of considerable value in children. When joint fluid can be obtained by aspiration we can many times rule out a pus producing germ, or make a positive diagnosis of tuberculosis by guinea-pig inoculation. Biopsies or other operative procedures other than aspiration of fluid are usually unwise. A Wassermann test should be made in all cases of chronic or obscure joint lesions. If one is in doubt, treat the case as if it were known to be tuberculosis and you will be on the safe side.

There are a few other general facts about joint tuberculosis which are worth remembering. Joint tuberculosis is primarily a disease of childhood, as over 90% of all cases occur before the tenth year. The spine, hip and knee are the regions most frequently involved. The disease is found in all races everywhere, and is not uncommon in Florida. It occurs most often in bottle fed infants, and in those exposed to active pulmonary tuberculosis. It is largely a disease of filth and unhygienic surroundings, the same as pulmonary tuberculosis. It is a chronic progressive and destructive disease, ultimately resulting in destruction of the joint or death.

— F. H. N. —

**BUREAU OF COMMUNICABLE DISEASES**

**F. A. Brink, M. D., Director**

**PREVENTION OF TUBERCULOSIS**

Tuberculosis to the human body is like weeds to a garden, if no germs (seeds) are allowed to enter, there will be no tuberculosis, and even after the seed has gained entrance its growth can be prevented by keeping the body (the garden) in a good state of health (cultivation).

The seeds or germs of tuberculosis often enter the body along with food, particularly is this true of children fed on milk from tuberculous cows. Authorities on tuberculosis are unanimously agreed that the presence of the organisms of tuberculosis in milk is a menace. One-tenth of the tuberculosis of the bones, joints and lymph nodes in adults and one-fourth of the tuberculosis of this type in children are due directly to the bacillus of the cattle form. From 6 to 10 per cent of the deaths from tuberculosis in children below the age of 5 years are attributed to the organism of the bovine type, received by the child in milk. Careful pasteurization of milk from cows not known to be free from tuberculosis is an important precaution in view of the fact that nearly 3% of the dairy cows in the United States are infected.

**BUREAU OF COMMUNICABLE DISEASES—(Continued)**

Pasteurization, however, has its limitations and the efforts of the Federal Bureau of Animal Industry and the Florida State Live-stock Sanitary Board to eliminate tuberculous cows is endorsed by health authorities.

Probably the most dangerous and prolific distributor of tubercle germs is the careless consumptive who broadcasts the seeds of disease by his unguarded coughing and promiscuous spitting. His germ laden spray is projected in the faces of his associates, and over their food. From his sputum bacteria are carried by flies to many persons, young and old. He is usually not vicious—just careless, often ignorant and perhaps wilfully so, of the harm he is capable of doing. In spite of the fact that everyone is exposed and that "every one has, at some time, a little tuberculosis" as the Germans have said, yet there are fortunately many who escape serious consequences. Keeping the body in good condition, protects one from tuberculosis by promoting the growth of scar tissue around diseased spots so that they are "walled off" and poisons are not allowed to escape and harm the patient. The body is kept in good condition by taking food of the right kind and quantity to support the usual functions and to build and maintain the defensive wall.

If all the food is consumed by over work, late and irregular hours and dissipation, there is no surplus for defense and that is why tuberculosis is prevalent among the poor and needy.

Food, rest, pure air and sunshine have been found very useful in curing tuberculosis. They are even more valuable for prevention, and tuberculosis is like a fire; not only does it consume and destroy but it is easier to prevent than to cure and will thrive only when conditions are favorable. The early diagnosis of tuberculosis, education, hospitalization and treatment of the patient are very important factors in prevention. By controlling the patient, we prevent the spread of tubercle germs.

Gradual loss of weight, lassitude, poor appetite are the earlier danger signs that point to the need of council from a careful and capable physician. Fever, emaciation with cough and sputum are the latter manifestations that almost anyone can recognize.

— F. H. N. —

**CHILD HYGIENE AND PUBLIC HEALTH NURSING**

Mrs. Laurie Jean Reid, R. N., Director

**TUBERCULOSIS AND PUBLIC HEALTH NURSING**

Since the course of Tuberculosis covers a long period of time, the majority of cases are cared for in their homes. Because of the nature of the disease, most cases are ambulant for many months and sometimes years. Thus we have not only the possibility but

**CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)**

the probability of many contacts with consequent infection.

The first great need in the care of tuberculous patients is the education of the "patient," as well as all those with whom he comes in contact. The conscientious public health nurse, because of the nature of her training, is best fitted to educate the patient, the family and the community. Her intimate contact with the families, her knowledge of the community sanitation and other conditions, which would affect the proper treatment and care of the patient, as well as the protection of the community, places her in a strategic position.

Her first responsibility should be the training of the patient and his family in everything that would make for the patient's good and the family's protection. Proper care of the sputum, in the use of paper napkins and bags to be burned, instead of handkerchiefs to be handled and laundered by some other individual; sterilization and use of disinfectants for dishes, cooking utensils, bed, table and personal linen and the teaching of health habits. All have a tremendous value in the final cure.

Food, Rest and Fresh Air are next in importance in making up the sum total. Again the public health nurse, with her knowledge of dietetics can be of the greatest assistance to the family in planning attractive and varied menus, in which the essentials are always present but often disguised, so that the patient whose appetite is usually capricious, gets his proper quota of vitamins, without being bothered about the selection. In other words, he should be intrigued into desiring the attractive looking luncheon rather than being constantly questioned as to what he would like to eat.

Rest, which is so essential must be insisted upon, but again we must seek the patients cooperation by a detailed explanation of the need. Unfortunately sores on the lungs cannot be seen by the patient, but there is the same need for protection from irritation for these as for an open sore on the hand, which if constantly irritated will never heal. A physician should prescribe the rest periods and the nurse should instruct the family in ways and means of carrying out his orders.

Fresh air is essential twenty-four hours out of every twenty-four and the patient who can live in such surroundings as will give him fresh air day and night has far and away the best chance of recovery.

The public health nurse should see to it that provision is made for the examination of the family group at stated intervals and the education of the community should be carried on continuously by her.

Hence, we see that the public health nurse, whose education is not complete without a thorough knowledge of tuberculosis as a community problem, can be of inestimable value in helping to stamp out this disease, which is curable as well as preventable.

**BUREAU OF DIAGNOSTIC LABORATORIES**

Pearl Griffith, B. E., Acting Director

**SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES  
OF THE STATE BOARD OF HEALTH DURING THE  
MONTH OF OCTOBER, 1926**

|                        | Jackson-<br>ville | Tampa | Pensa-<br>cola | Miami | Talla-<br>hassee* | Total |
|------------------------|-------------------|-------|----------------|-------|-------------------|-------|
| Animal Parasites ..... | 1580              | 572   | 134            | 23    | .....             | 2309  |
| Diphtheria .....       | 1173              | 355   | 31             | 322   | .....             | 1881  |
| Typhoid .....          | 248               | 180   | 30             | 36    | .....             | 494   |
| Malaria .....          | 332               | 178   | 27             | 31    | .....             | 568   |
| Rabies .....           | 10                | 5     | .....          | 5     | .....             | 20    |
| Tuberculosis .....     | 179               | 89    | 12             | 11    | .....             | 291   |
| Gonorrhoea .....       | 347               | 202   | 12             | 54    | .....             | 615   |
| Syphilis .....         | 2155              | 821   | .....          | 213   | .....             | 3189  |
| Water: Bact. Exam..... | .....             | 31    | .....          | 4     | .....             | 35    |
| Water: Chem. Exam..... | .....             | ..... | .....          | 1240  | .....             | 1240  |
| Milk: Bact. Exam.....  | 10                | 53    | 52             | 235   | .....             | 350   |
| Milk: Chem. Exam.....  | 18                | 53    | 52             | 482   | .....             | 605   |
| Miscellaneous: .....   | 46                | 7     | 4              | 68    | .....             | 125   |
|                        | 6098              | 2546  | 354            | 2724  | .....             | 11722 |

Specimen Containers Distributed.....7,380

**BIOLOGICAL PRODUCTS DISTRIBUTED DURING OCTOBER  
1926**

|                             |              |                 |
|-----------------------------|--------------|-----------------|
| Diphtheria Antitoxin.....   | 10,000 units | 379 Packages    |
|                             | 5,000 units  | 99 Packages     |
| Schicks.....                |              | 11200 Tests     |
| Toxin Antitoxin.....        |              | 9323 c.c.       |
| Tetanus Antitoxin.....      | 20,000 units | 22 Packages     |
|                             | 10,000 units | 30 Packages     |
|                             | 1,500 units  | 646 Packages    |
| Typhoid Vaccine.....        | PLAIN        | 3448 Treatments |
|                             | TRIPLE       | 414 Treatments  |
| Vaccine Virus.....          |              | 6145 Points     |
| Antimeningococcus Serum.... |              | 2 Cylinders     |
| Antirabic Virus.....        |              | 54 Treatments   |

Carbon Tetrachloride.....1649 Capsules

\*Tallahassee Laboratory closed since June 10, 1926

**ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO  
THE LABORATORY**



## BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

## TUBERCULOSIS MORTALITY

The death rate from tuberculosis (all forms) has been showing a decline for several years and the lowest rate so far recorded is for the calendar year 1925, when 999 deaths were registered, making a rate of 76.2 per 100,000 population. I am listing below the number of deaths and death rates since records in Florida have been available. It is interesting to note the decline in rates.

The following table indicates total deaths from tuberculosis, (all forms) and death rates per 100,000 population by color, 1917 to 1925, inclusive:

| Year | Total<br>Deaths | Rate Per<br>100,000 | White<br>Deaths | Rate Per<br>100,000 | Colored<br>Deaths | Rate Per<br>100,000 |
|------|-----------------|---------------------|-----------------|---------------------|-------------------|---------------------|
| 1925 | 999             | 76.2                | 426             | 47.5                | 573               | 138.3               |
| 1924 | 1,054           | 84.0                | 457             | 53.4                | 597               | 149.2               |
| 1923 | 1,079           | 89.9                | 490             | 60.2                | 589               | 152.5               |
| 1922 | 1,019           | 89.1                | 440             | 57.0                | 579               | 155.5               |
| 1921 | 951             | 87.4                | 401             | 54.9                | 550               | 153.5               |
| 1920 | 1,016           | 103.7               | 423             | 65.3                | 593               | 179.0               |
| 1919 | 993             | 104.0               | 461             | 73.4                | 532               | 161.5               |
| 1918 | 1,084           | 116.0               | 494             | 81.2                | 590               | 180.5               |
| 1917 | 1,085           | 119.0               | 472             | 80.3                | 613               | 188.7               |

Mortality statistics have been released by the Bureau of the Census for a number of states. I am listing below, the deaths and death rates published and the state figures for Florida.

Deaths from Tuberculosis (All Forms) and Death Rates Per 100,000 Population for Certain States—1925

| State                | Total<br>Deaths | Rate Per<br>100,000 |
|----------------------|-----------------|---------------------|
| California .....     | 5,934           | 142.0               |
| Maryland .....       | 1,885           | 120.8               |
| Mississippi .....    | 1,928           | 107.7               |
| Delaware .....       | 239             | 100.6               |
| South Carolina ..... | 1,693           | 93.8                |
| Rhode Island .....   | 563             | 82.9                |
| Indiana .....        | 2,544           | 82.2                |
| New Jersey .....     | 2,891           | 80.3                |
| Washington .....     | 1,195           | 79.1                |
| Illinois .....       | 5,537           | 78.1                |
| Pennsylvania .....   | 7,300           | 77.0                |
| FLORIDA .....        | 999             | 76.2                |
| Connecticut .....    | 1,160           | 73.8                |

## BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths from Tuberculosis, (all forms) by Color and by Counties, 1925

| COUNTIES           | DEATHS |       |         |
|--------------------|--------|-------|---------|
|                    | Total  | White | Colored |
| 0. State.....      | 999    | 426   | 573     |
| 1. Alachua.....    | 29     | 13    | 16      |
| 2. Baker.....      | 2      | ..... | 2       |
| 3. Bay.....        | 11     | 5     | 6       |
| 4. Bradford.....   | 4      | 3     | 1       |
| 5. Brevard.....    | 6      | 3     | 3       |
| 6. Broward.....    | 9      | 5     | 4       |
| 7. Calhoun.....    | 5      | 3     | 2       |
| 55. Charlotte..... | .....  | ..... | .....   |
| 8. Citrus.....     | 1      | ..... | 1       |
| 9. Clay.....       | 6      | 3     | 3       |
| 62. Collier.....   | 1      | 1     | .....   |
| 10. Columbia.....  | 16     | 6     | 10      |
| 11. Dade.....      | 64     | 28    | 36      |
| 12. DeSoto.....    | 8      | 1     | 7       |
| 56. Dixie.....     | .....  | ..... | .....   |
| 13. Duval.....     | 199    | 51    | 148     |
| 14. Escambia.....  | 38     | 13    | 25      |
| 53. Flagler.....   | .....  | ..... | .....   |
| 15. Franklin.....  | .....  | ..... | .....   |
| 16. Gadsden.....   | 43     | 15    | 28      |
| 57. Glades.....    | 2      | 2     | .....   |
| 17. Hamilton.....  | 6      | 4     | 2       |
| 58. Hardee.....    | 2      | 1     | 1       |
| 63. Hendry.....    | .....  | ..... | .....   |
| 18. Hernando.....  | .....  | ..... | .....   |
| 59. Highlands..... | 3      | ..... | 3       |
| 19. Hillsboro..... | 117    | 75    | 42      |
| 20. Holmes.....    | .....  | ..... | .....   |
| 21. Jackson.....   | 15     | 4     | 11      |
| 22. Jefferson..... | 6      | ..... | 6       |
| 23. Lafayette..... | 2      | 2     | .....   |
| 24. Lake.....      | 15     | 8     | 7       |
| 25. Lee.....       | 6      | 4     | 2       |
| 26. Leon.....      | 10     | 3     | 7       |
| 27. Levy.....      | 5      | 1     | 4       |

Total Deaths from Tuberculosis, (all forms) by Color and by Counties, 1925  
(Continued)

| COUNTIES            | DEATHS |       |         |
|---------------------|--------|-------|---------|
|                     | Total  | White | Colored |
| 28. Liberty.....    | 3      | 2     | 1       |
| 29. Madison.....    | 7      | 1     | 6       |
| 30. Manatee.....    | 26     | 11    | 15      |
| 31. Marion.....     | 27     | 11    | 16      |
| 32. Monroe.....     | 29     | 22    | 7       |
| 33. Nassau.....     | 8      | 3     | 5       |
| 34. Okaloosa.....   | 5      | 4     | 1       |
| 54. Okeechobee..... | .....  | ..... | .....   |
| 35. Orange.....     | 33     | 15    | 18      |
| 36. Osceola.....    | 7      | 3     | 4       |
| 37. Palm Beach..... | 26     | 10    | 16      |
| 38. Pasco.....      | 7      | 7     | .....   |
| 39. Pinellas.....   | 47     | 29    | 18      |
| 40. Polk.....       | 36     | 20    | 16      |
| 41. Putnam.....     | 18     | 4     | 14      |
| 42. St. Johns.....  | 10     | 1     | 9       |
| 43. St. Lucie.....  | 5      | 3     | 2       |
| 44. Santa Rosa..... | 3      | 1     | 2       |
| 60. Sarasota.....   | 5      | 1     | 4       |
| 45. Seminole.....   | 19     | 7     | 12      |
| 46. Sumter.....     | 4      | 2     | 2       |
| 47. Suwannee.....   | 6      | 3     | 3       |
| 48. Taylor.....     | 4      | 2     | 2       |
| 61. Union.....      | 3      | 1     | 2       |
| 49. Volusia.....    | 23     | 7     | 16      |
| 50. Wakulla.....    | 1      | ..... | 1       |
| 51. Walton.....     | 3      | 1     | 2       |
| 52. Washington..... | 3      | 1     | 2       |

— F. H. N. —

## BUREAU OF VITAL STATISTICS—(Continued)

| Number | Name                         | Address                 |
|--------|------------------------------|-------------------------|
| 6-01   | Miss Barbara S. Niedler..... | Ft. Lauderdale, Fla.    |
| 47-127 | R. B. Goff.....              | Pinemount, Fla.         |
| 48-02  | D. T. Morgan.....            | Shady Grove, Fla.       |
| 52-107 | Miss Grace Horne.....        | R.F.D. 3, Chipley, Fla. |

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